Notices of Intent

NOTICE OF INTENT

Department of Agriculture and Forestry
Horticulture Commission

Landscape Irrigation Contractors Licensing
(LAC 7:XXIX.107, 109, 113-117, and 123)

The Department of Agriculture and Forestry, Horticulture Commission, hereby proposes to amend regulations governing requirements for licensing of Landscape Irrigation Contractors in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The proposed Rule amendment adds requirements for licensing of Landscape Irrigation Contractors as required by legislation passed in Act 810 of the 2004 regular session. It proposes requirements for licensed landscape irrigation contractors regarding insurance, written contracts, and continuing education, to add clarifications regarding the necessity of a water supply protection specialist endorsement from the State Plumbing Board and obtaining necessary permits from governing authorities, such as a parish or municipality.

This Rule are enabled by R.S. 3:3801 and R.S. 3:3814.

Title 7
AGRICULTURE AND ANIMALS
Part XXIX. Horticulture Commission

Chapter 1. Horticulture

§107. Application for Examination and Licensure or Permitting

A. - C.2. …

D. Arborist, Horticulturist, Landscape Contractor, Landscape Irrigation Contractor, Utility Arborist, Wholesale Florist

1. Applicants who desire to take the examination for arborist, horticulturist, landscape contractor, landscape irrigation contractor, utility arborist, or wholesale florist may apply at any time, in person or by writing, to the commission's state office in Baton Rouge or to any district office of the Department of Agriculture and Forestry. Applicants who apply in person, will be allowed, whenever feasible, to complete the written application form at the initial visit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3801, R.S. 3:3807, and R.S. 3:3808.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:184 (April 1982), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 14:7 (January 1988), LR 18:249 (March 1992), LR 20:639 (June 1994), LR 23:854 (July 1997), LR 29:1460 (August 2003), LR 31:

§109. Fees for License or Permit and Renewal Thereof

A. - B.3. …

C. Arborist, Horticulturist, Landscape Contractor, Landscape Irrigation Contractor, Utility Arborist, Wholesale Florist

1. The fee for examination or re-examination for licensure as an arborist, horticulturist, landscape contractor, landscape irrigation contractor, utility arborist, or wholesale florist shall be $50.

D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3806, R.S. 3:3805, and R.S. 3:3801.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:184 (April 1982), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 14:8 (January 1988), LR 18:249 (March 1992), LR 20:640 (June 1994), LR 29:2297 (November 2003), LR 31:

§113. Examination Schedule

A. - B.3. …

C. Arborist, Horticulturist, Landscape Contractor, Landscape Irrigation Contractor, Utility Arborist, Wholesale Florist. Examinations for licensure as an arborist, horticulturist, landscape contractor, landscape irrigation contractor, utility arborist, or wholesale florist will be administered in the commission's state office in Baton Rouge and in district offices of the Department of Agriculture and Forestry upon request. Interested applicants may apply, in person or by writing, at the state office or the most convenient district office. A date for the examination will be established for each applicant.

D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3807 and R.S. 3:3801.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:185 (April 1982), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 14:8 (January 1988), LR 18:250 (March 1992), LR 20:640 (June 1994), LR 31:

§115. General Requirements for All Licensees or Permittee

A. - D.4. …

E. Licensees must display at least one of their license numbers on both sides of all vehicles that have advertisement or signs and are used for business purposes with lettering at least 2 inches high and legible at the distance of 25 feet. The number to be displayed shall be the last four digits of the license number preceded by two letters indicating the type of license as follows.

AR Arborist
HS Horticulturist
LA Landscape Architect
LC Landscape Contractor
IC Landscape Irrigation Contractor
RF Retail Florist
UA Utility Arborist
WF Wholesale Florist

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3801 and R.S. 3:3808.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:185 (April 1982), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 20:640 (June 1994), LR 21:548 (June 1995), LR 31:

§117. Required Standards of Practice

A. - I.5. …

J. General Requirements for Landscape Irrigation Contractor

1. Before the commission issues a landscape irrigation contractor license the person to be licensed shall first furnish to the commission a certificate of insurance, written by an insurance company authorized to do business in Louisiana, covering the public liability of the applicant, as a licensee, for personal injuries and property damages. The insurance policy shall provide for not less than $25,000 per personal injuries and not less than $50,000 for property damages, both limits applicable to each separate accident. The certificate of insurance must provide for 30 days' written notice to the commission prior to cancellation.

2. Licensees are required to attend and complete a commission approved continuing training seminar at least once every three years. Each licensee, prior to renewal of his or her license, shall provide the commission with certifiable evidence that the licensee has timely and successfully completed such a seminar.

3. Licensees shall enter into a written contract with the property owner employing him for landscape irrigation work. The contract must specify the services to be performed and the sum to be paid for the services. The contract shall include the following statement: "Any complaints regarding landscape irrigation installation should be directed to the Louisiana Horticulture Commission at 225/952-8100." Both parties shall receive a copy of the contract.

4. Licensees must display their license at all times in a location accessible to the general public or any representative of the commission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3808, and R.S. 3:3801.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:185 (April 1982), amended LR 9:410 (June 1983), LR 11:317 (April 1985), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 14:8 (January 1988), LR 20:640 (June 1994), LR 27:1832 (November 2001), LR 31:

§123. Clarifications

A. The restriction against a cut flower dealer locating within 300 feet of an established retail florist shall not apply to cut flower dealers in permanent locations. In addition, cut flower dealers operating from a mobile unit shall not sell cut flowers, within 300 feet of place of business that holds a cut flower dealer's permit.

B. The following clarifications apply to licensed landscape irrigation contractors.

1. A licensed landscape irrigation contractor is not required to have a water supply protection specialist endorsement from the State Plumbing Board in order to install an irrigation system up to the point of connecting the irrigation system to a public or private water supply system or installing a backflow prevention device.

2. A licensed landscape irrigation contractor shall also have a water supply protection specialist endorsement from the State Plumbing Board before connecting any irrigation system to a public or private water supply system or installing a backflow prevention device, pursuant to R.S. 3:3808(P)(4), (5).

3. A governing authority, such as a parish or municipality, shall issue all necessary permits, including necessary electrical permits, to a licensed landscape irrigation contractor who does not hold a water supply protection specialist endorsement for the installation of an irrigation system, except for those permits that would allow such a licensed landscape irrigation contractor to connect the irrigation system to a public or private water supply system or install a backflow prevention device.

4. A governing authority, such as a parish or municipality shall issue all necessary permits to a licensed landscape irrigation contractor who holds a water supply protection specialist endorsement from the State Plumbing Board for the installation of an irrigation system, including necessary electrical permits and those permits that would allow such a licensed landscape irrigation contractor to connect the irrigation system to a public or private water supply system or install a backflow prevention device.

5. A licensed landscape irrigation contractor who also holds a water supply protection specialist endorsement from the State Plumbing Board is required by R.S. 3:3816(6) to install backflow prevention devices in accordance with ordinances adopted by local governing authorities, such as parishes and municipalities, regulating the installation of backflow prevention devices.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3808 and R.S. 3:3801.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:187 (April 1982), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 31:

Family Impact Statement

The proposed amendments to LAC 7:XXIX.Chapter 1 governing requirements for licensing of Landscape Irrigation Contractors should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

A public hearing will be held on February 25, 2005 at 10 a.m. in the Louisiana Department of Agriculture and Forestry's auditorium. Any interested persons may attend this hearing or submit written comments on the proposed Rules through the end of business on, February 25, 2005 to Craig Roussel, Department of Agriculture and Forestry, 5825 Florida Blvd., Baton Rouge, LA 70806. No preamble concerning the proposed Rules is available.

Bob Odom
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Landscape Irrigation Contractors Licensing

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be an anticipated initial cost to the Horticulture Commission of $11,875 for the remainder of this fiscal year. For FY 05-06, the anticipated cost is $28,750 and for FY 06-07 is $33,750. The anticipated increase in costs includes clerical salary to process examination and license applications and inspector salary to investigate and enforce law requirements. There will also be some administrative costs. Fees for examinations and licenses will offset the anticipated increase in costs. There will be no impact on local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be an anticipated initial revenue collection of $11,875 for the remainder of this fiscal year. For FY 05-06, the anticipated revenue collection is $28,750 and for FY 06-07, $33,750. The above estimates are based on a $50 examination fee and a $75 license fee. Also, the State Plumbing Board will receive a $10.00 per year fee from each Landscape Irrigation Contractor that chooses to obtain their water supply protection specialist endorsement that enables them to connect to a water supply system and install a backflow prevention device.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Those persons wishing to provide landscape irrigation contractor services would be directly impacted. The costs would be a $50 examination fee and a $75 per year license fee. They would also be required to enter into a written contract with each customer. Also, they will be required to attend a continuing training seminar once every three years. The cost of this seminar is anticipated to be $50-$75 every three years. There should be no significant impact on receipts and /or income. Also, each Landscape Irrigation Contractor that chooses to obtain a water supply protection specialist endorsement that enables them to connect to a water supply system and install a backflow prevention device would be required to pay the State Plumbing Board a $10.00 per year fee.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There should be no impact on competition and employment.

Skip Rhorer	H. Gordon Monk
Assistant Commissioner	Staff Director
0501#038	Legislative Fiscal Office

NOTICE OF INTENT

Department of Agriculture and Forestry
Office of the Commissioner

Motor Vehicle Fuels (LAC 7:XXXV.351-365)

The Commissioner of Agriculture and Forestry, intends to adopt the following rules governing the advertising, offering to sell, or sale at retail of motor vehicle fuels in a manner contrary to law. These Rules are being adopted in accordance with R.S. 3:4608, R.S. 3:4671, 3:4679, R.S. 3:4680, R.S. 3:4686, R.S. 51:421, et seq., and the Administrative Procedure Act, R.S. 49:950 et seq.

Motor vehicle fuels are essential to the community, to industry including agriculture and forestry, and to the welfare of the citizens of Louisiana. The free and fair distribution and sale of motor vehicle fuels is necessary for the economic vitality of this state in general, and of particular industries such as agriculture and forestry. The free and fair distribution and sale of motor vehicle fuels is therefore important to the public welfare.

Advertising, offering to sell or selling of motor vehicle fuels below cost is unfair competition contrary to and violative of the public policy of this state.

Presently there exists within this state advertisements, offers to sell and sales at retail of motor vehicle fuels below cost, which advertisements, offers and sales are unlawful. The advertisements, offers to sell and sales at retail of motor vehicle fuels below cost tend to reduce competition through the elimination of competitors, thereby threatening the free and fair distribution and sale, and thus the supply, of motor vehicle fuels. Maintenance of competition in the sale of motor vehicle fuels is critical to the free and fair distribution and sale of motor vehicle fuels throughout the state.

These Rules are enabled by R.S. 3:4608, R.S. 3:4671, 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421, et seq.

Title 7
AGRICULTURE AND ANIMALS
Part XXXV. Agro-Consumer Services
Chapter 3. Petroleum Products
Subchapter B. Sale of Motor Vehicle Fuels
§351. Definitions

A. As used in this Subchapter, the terms defined in this Section have the meanings herein given to them, except where the context expressly indicates otherwise.

Commissioner the Commissioner of Agriculture and Forestry.

Cost to the Retailer

a. the invoice cost, or the replacement cost, of motor vehicle fuels to the retailer, whichever is lower;

i. less all trade discounts except customary discounts for cash;

ii. plus, in the following order:

(a). freight charges not otherwise included in the invoice cost or the replacement cost;

(b). cartage to the retail outlet if done or paid by the retailer, which cartage cost, in the absence of proof of a lesser cost, shall be 3/4 of 1 percent of the cost to the retailer after adding freight charges but before adding cartage and markup; and

(c). a markup to cover a proportionate part of the cost of doing business, which markup, in the absence of proof of a lesser cost, shall be 6 per cent of the cost to the retailer after adding freight charges and cartage;

b. in determining *cost to the retailer* in those cases where the retailer buys at wholesale and receives the wholesaler's profits and discounts on motor vehicle fuels to be sold at retail, both a wholesale markup of 2 per cent and the retail markup of 6 percent, in the absence of proof of a lesser cost, shall be added to cover a proportionate part of the cost of doing business.

c. *cost to the retailer* means only bona fide costs. Purchases made by retailers at prices which cannot be justified by prevailing market conditions within this state shall not be used in determining *cost to the retailer.*

Discount any reduction, direct or indirect, in the price of motor vehicle fuels.

Freight all costs of transportation of motor vehicle fuels from a terminal or other bulk storage facility to the retailer.

Held for Sale a motor vehicle fuel which is capable of being sold or dispensed in connection with sales at retail and which is stored on the premises of a retailer.

Individual a natural person.

Invoice the document evidencing the purchase of motor vehicle fuels by a retailer containing purchase information including the date, quantity, description of product, and the actual sale price of each product to the retailer.

Invoice Cost the actual price of motor vehicle fuels purchased by the retailer as set forth in an invoice. In the event any retailer obtains motor vehicle fuels for resale in a manner that does not generate an invoice, in the absence of proof of a different cost, the invoice cost for such fuel for that retailer shall be the rack average price, for the date the motor vehicle fuel was advertised, offered for sale, or sold at retail for the same motor vehicle fuel product at the rack which is geographically closest to the retailer's outlet.

Motor Vehicle Fuel and *Motor Vehicle Fuels* those petroleum products, such as gasoline, diesel fuel, or any other refined hydrocarbon mixture, distributed for use as a fuel in self-propelled vehicles designed primarily for use on public streets, roads and highways.

Person a natural person or legal entity.

Replacement Cost the lowest cost per unit at which the motor vehicle fuels sold or offered for sale could have been bought by the retailer at any time within 30 days prior to the date of sale or the date upon which the motor vehicle fuels are offered for sale by the retailer if bought in the same quantity as the retailer's last purchase of the motor vehicle fuels.

Retailer any person engaged in the business of making sales at retail within this state of motor vehicle fuels, or if any person is engaged in the business of making sales both at retail and at wholesale, *retailer* shall apply only to the retail portion of the business.

Sell at Retail and *Sales at Retail* any transfer for a valuable consideration, made in the ordinary course of trade or in the usual prosecution of the retailer's business, of title to motor vehicle fuels to the purchaser for consumption or use other than resale, further processing or manufacturing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§353. Prohibition on Below-Cost Sales of Motor Vehicle Fuels at Retail

A. No retailer shall advertise, offer to sell, or sell at retail any motor vehicle fuels at less than cost to the retailer.

B. When motor vehicle fuels are advertised, offered for sale, or sold with one or more other items at a combined price, or are advertised, offered as a gift, or given with the sale of one or more items, or are advertised, offered, or sold with a gift of one or more items, each and all of the items shall for the purposes of this Subchapter be considered advertised, offered for sale, or sold, and the price of the motor vehicle fuels for the purposes of this Subchapter shall include the cost of the other items to the retailer. In the absence of proof of a lesser cost, the cost of the other items to the retailer shall be determined in the same manner as *cost to the retailer* of motor vehicle fuels is determined in this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§355. Exemptions

A. The provisions of this subchapter shall not apply to sales at retail where motor vehicle fuels are:

1. sold in bona fide clearance sales, if advertised, marked, and sold as such;
2. being discontinued and are advertised, marked and sold as such;
3. sold upon the final liquidation of any business;
4. sold for charitable purposes or to relief agencies;
5. sold on contract to departments of the government or governmental institutions;
6. sold in good faith to meet that competition which permits a competitor to sell at a lesser price where such competitor is able to do so without violating the terms and conditions of this subchapter;
7. sold by any officer acting under the order or direction of any court;
8. sold by the manufacturer or producer thereof; or
9. sold as medicants, germicides, insecticides or cleaning fluids.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§357. Burdens and Presumptions

A. Upon proof being made at any adjudicatory hearing that a person has advertised, offered to sell, or sold motor vehicle fuels at retail at less than cost to the retailer plus applicable taxes, such person shall be presumed to be in violation of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§359. Recordkeeping and Inspection of Records

A.1.Each retailer, dealer, distributor, marketer, jobber, importer, or refiner of motor vehicle fuels or any person performing one or more of those functions shall keep a full and complete record of motor vehicle fuels received, used, sold, or held for sale within this state by him, including but not limited to the following:

a. invoices, bills of lading, and other pertinent records and papers that document or establish the cost to the retailer as defined in §351 of this Subchapter;

b. records of all measurements of the retailer's inventory of motor vehicle fuels; and

c. records of all motor vehicle fuels pump or dispenser totalizer readings.

2. The records shall be kept for a period of three years from the end of the calendar year in which they were created. The records shall be kept in a manner that permits prompt access to all such records and shall be kept in a

manner that facilitates the determination by audit of the cost to the retailer as defined in §351 of this Subchapter. In order to enforce the provisions of this Subchapter, the commissioner may from time to time audit the books and records of retailers, dealers, distributors, marketers, jobbers, importers, or refiners of motor vehicle fuels and each shall permit access to the records described in this Section for such audit during normal business hours.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§361. Suspension of Right to do Business

A. A violator of the provisions of §353 of this Subchapter may have his right to engage in the business of making sales at retail within this state of motor vehicle fuels suspended in addition to any civil penalty that may be imposed by the commissioner. For a first or second offense, the violator's right to continue or engage in the business of making sales at retail within this state of motor vehicle fuels at the place of business involved may be suspended for not less than one week nor more than six months. For any subsequent offense, the violator's right to engage in said business may be suspended for not less than three months nor more than 12 months. This suspension shall extend only to the individual guilty of the offense, unless the person is acting as an agent for a principal who knew of and participated in the violation, or knowing of the violation, acquiesced therein. The suspension shall extend to the right to use the filling station and all tanks, pumps, containers or equipment located at that station for the same period of time. However, if the violator does not own the property or equipment, and is merely renting, leasing or borrowing it, or is acting as agent for another, the suspension will extend to the owner or principal only if the owner or principal knew, or had good reason to know, of the violation. The commissioner has authority on motion in court to take a rule against the retailer, to show cause in not less than two nor more than ten days, inclusive of holidays after the service thereof, why said retailer should not be ordered to cease from further pursuit of business as retailer for the aforesaid period. Violations of the injunction shall be considered as a contempt of court and punished according to law. These motions shall be tried out of term and in chambers, and always by preference.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§363. Monetary Penalty; Adjudicatory Hearing Required; Cost of Adjudicatory Hearing; Court Enforcement of Rulings; Injunctive Relief; Stipulated Resolution; Service

A. A violator of any provisions of this subchapter shall be subject to a civil penalty of not more than $500 for each act of violation. Each day on which a violation occurs shall be a separate offense.

B. Penalties may be assessed only by a ruling of the commissioner based upon an adjudicatory hearing held in accordance with the provisions of the Administrative Procedure Act.

C. In addition to civil penalties, the commissioner may assess the proportionate costs of the adjudicatory hearing against the offender. The commissioner shall determine the amount of costs to be assessed.

D. The commissioner may institute civil proceedings to enforce his rulings in the district court for the parish in which the violation occurred.

E. The commissioner may institute civil proceedings seeking injunctive relief to restrain and prevent the violation of the provisions of this Chapter in the district court for the parish in which the violation occurred.

F. Nothing contained in this Part shall limit the right of the commissioner to offer any stipulated resolution of any alleged violation.

G. All notices including notices of adjudicatory hearings and service of subpoenas shall be served upon the agent for service of process, an officer, the principal owner, a manager or an employee of the entity to be noticed or served and, once served in accordance herewith said notice or service, shall be valid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

§365. Severability Clause

A. If any provision of this Subchapter is declared invalid for any reason by a final judgment of a court of competent jurisdiction, that declaration shall not affect the validity of the remaining provisions of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4608, R.S. 3:4671, R.S. 3:4679, R.S. 3:4680, R.S. 3:4686, and R.S. 51:421 et seq.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

Family Impact Statement

The proposed adoption of LAC 7:XXXV.Chapter 3, governing the advertising, offering to sell, or sale at retail of motor vehicle fuels in a manner contrary to law should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

Interested persons should submit written comments on the proposed Rules to Benjy Rayburn through February 25, 2005 at 5825 Florida Blvd., Baton Rouge, Louisiana 70806. No preamble regarding these Rules is available.

Bob Odom
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Motor Vehicle Fuels

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The estimated implementation costs to state government are $142,628. The Implementation of these rules requires the hiring of auditors together with the associated costs of supervision and equipment. The rule proposed for adoption implements R.S. 51:451 as it applies to motor vehicle fuels such as gasoline and diesel. The rule, as proposed, would require retailers of gasoline and other motor vehicle fuels to sell those fuels at a price not less than their cost including a six percent markup. There is estimated to be no implementation costs to local government.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is estimated that these rules will not have an effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There is a slight potential cost to some retailers of motor vehicle fuels. However, this cost cannot be forecast beyond saying that some retailers may incur small copying expenses in complying with inquiries under the rules.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The only impact on competition that can be foreseen though not quantified is an improvement in competition. The short-term impact may increase prices for some private and commercial consumers. The long-term impact is expected to deter predatory practices and retain a larger number of retail sellers. The increased number of competitors would tend to assist in maintaining lower long-term prices. No impact on employment is foreseen.

Skip Rhorer	H. Gordon Monk
Assistant Commissioner	Staff Director
0501#037	Legislative Fiscal Office

NOTICE OF INTENT

Department of Agriculture and Forestry
Office of the Commissioner

Overtime and Holiday Inspection Service
(LAC 7:XXXIII.133)

The Commissioner of Agriculture and Forestry proposes to amend regulations governing fees assessed for the Meat and Poultry Inspection Program, in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

For the last two years the Meat and Poultry Inspection Program budget has ended in a deficit. The Department of Agriculture and Forestry has used other funds to make up for each years deficit. The department no longer has funds available from other areas to make up this continuing deficit.

The department, however, cannot discontinue the Meat and Poultry Inspection Program because the Louisiana Meat and Poultry Inspection Law imposes and enforces requirements with respect to intrastate meat and poultry operations and commerce that are at least equal to those imposed and enforced under the Federal Meat Inspection Act. Discontinuing the Meat and Poultry Inspection Program will endanger the health and safety of Louisiana citizens because intrastate meat and poultry operations and commerce would not be subject to rigorous inspections.

The department proposes to amend the Rules increasing fees to insure that the program will have adequate funding for the remaining fiscal year and beyond.

This Rule is enabled by R.S. 3:4232.

Title 7
AGRICULTURE AND ANIMALS
Part XXXIII. Meat and Poultry Inspections
Chapter 1. Meat and Poultry Inspection Program
§133. Overtime and Holiday Inspection Service

A. The Department of Agriculture and Forestry shall perform inspection services for official establishments, without charge, up to a 40 hours workweek Monday through Friday.

B. The department shall charge to and be reimbursed by official establishments an hourly overtime rate per department employee providing overtime inspection services to the official establishment. The overtime periods and rate per period are as follows:

1. $25 per hour for inspection services provided for more than 40 hours in any workweek Monday through Friday;

2. $30 per hour for inspection services provided on any Saturday or Sunday that is not otherwise a legal holiday established by R. S. 1:55;

3. $35 per hour for inspection services provided on days of public rest and legal holidays, other than Saturdays and Sundays, observed by the departments of the state in accordance with R. S. 1:55;

4. overtime inspection services shall be billed at a minimum of two hours at the appropriate rate. Time spent providing inspection services in excess of two hours shall be billed in increments of quarter hours, with the time being rounded up to the next quarter hour.

C. Bills are payable upon receipt and become delinquent 30 days from the date of the bill. Overtime inspections will not be performed for official establishments having a delinquent account.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:4232.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, LR 11:247 (March 1985), amended by the Department of Agriculture and Forestry, Office of the Commissioner, LR 31:

Family Impact Statement

The proposed amendments to LAC 7:XXXIII.133 regarding the Meat and Poultry Inspection Program should not have any known or foreseeable impact on any family as defined by R. S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;

2. the authority and rights of parents regarding the education and supervision of their children;

3. the functioning of the family;

4. family earnings and family budget;

5. the behavior and personal responsibility of children;

6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

All interested persons may submit written comments on the proposed rules through February 25, 2005, to Mike

Windham, Department of Agriculture and Forestry, 5825 Florida Blvd., Baton Rouge, Louisiana 70806. All interested persons will be afforded an opportunity to submit data, views or arguments in writing at the address above. No preamble concerning the proposed Rule is available.

Bob Odom
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Overtime and Holiday Inspection Service

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

No implementation costs or savings to state or local governmental units are anticipated. The Louisiana Department of Agriculture and Forestry's Meat and Poultry Inspection Program is proposing to increase overtime fees for inspections services work performed for over 40 hours per regular week (Monday through Friday), Saturday and Sunday overtime work and work on statutory holidays. The proposed regulations would increase the overtime rate from $15.50 per hour for over forty hours per regular work week to $25.00 per hour, establish a Saturday and Sunday overtime rate of $30.00 per hour, and establish a statutory holiday overtime rate of $35.00 per hour. This action is required due to budget shortfalls and cuts in the Department's budget. The fee increase is necessary to balance the Department's budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is estimated to be a total increase in revenue collections of $2,220 to the meat overtime fund. This increase in collections was calculated using previous years overtime collected funds. There is no history for collection of regular workweek overtime and premium overtime.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be an increase in costs to meat and poultry processors. The amount of the increase on processors will depend on the number of overtime hours worked. There will be no additional paperwork as a result of these amendments. The impact on income of processors should not be significant based on the estimated increase in revenue collections.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed amendments are not anticipated to have a significant effect on competition and employment.

Skip Rhorer
Assistant Commissioner
0501#039

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Agriculture and Forestry
State Market Commission

Meat Grading and Certification (LAC 7:V.513)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Agriculture and Forestry, State Market Commission proposes to amend regulations governing fees assessed for meat grading and certification.

For the last two years the State Market Commission, Meat Grading and Certification Program budget has ended in a deficit. The department has used other funds to make up for each years deficit. The department cannot continue to find funds from other areas to make up this continuing deficit.

Louisiana is experiencing an unprecedented shortfall in state finances. The legislature has cut the department's budget; therefore, using other department funds to cover the deficit of the Meat Grading and Certification Program is not a continuing option.

The department, however, cannot discontinue the Meat Grading and Certification Program because the program provides state institutions and school food service systems with consistent grade quality and product uniformity to these users of the service.

The State Market Commission proposes to amend the Rules increasing fees to insure that the program will have adequate funding for the remaining fiscal year and beyond.

This Rule is enabled by R.S. 3:405.

Title 7
AGRICULTURE AND ANIMALS
Part V. Advertising, Marketing and Processing
Chapter 5. Market Commission—Meat Grading and Certification

§513. Contractor's Obligation

A. Contractors furnishing products under these regulations must furnish such assistance as may be necessary to expedite the grading, examination, and acceptance of products.

B. Contractors desiring grading/certification services must notify the Department of Agriculture and Forestry at least 24 hours in advance of need. Contractors who fail to give at least 24 hours notice in advance of need will be subject to a penalty of $50, regardless of the time required for the service or the fee assessed on a poundage basis.

C. The costs of all grading, examination, acceptance, and certification of meat and meat products, poultry and poultry products, and seafood shall be paid by the contractor at the rate of $0.04 per pound of meat or meat products, poultry and poultry products and seafood graded, examined, or certified, which amount shall be due and payable to the Department of Agriculture and Forestry upon presentation of statement(s) for services rendered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:405 and R.S. 3:412.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Market Commission, LR 7:262 (May 1981), amended by the Department of Agriculture and Forestry, Market Commission, LR 31:

Family Impact Statement

The proposed amendments to Title 7, Agriculture and Animals, Chapter 5, §513 regarding the Meat Grading and Certification Program should not have any known or foreseeable impact on any family as defined by R. S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;

4. family earnings and family budget;

5. the behavior and personal responsibility of children;

6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

All interested persons may submit written comments on the proposed Rule through February 25, 2005, to Mike Windham, Department of Agriculture and Forestry, 5825 Florida Blvd., Baton Rouge, LA 70806. All interested persons will be afforded an opportunity to submit data, views or arguments in writing at the address above. No preamble concerning the proposed Rule is available.

Bob Odom
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Meat Grading and Certification

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

No implementation costs or savings to state or local governmental units are anticipated. The Louisiana Department of Agriculture and Forestry's Grading and Certification Program is proposing to increase the fee assessed per pound of product certified. The amount proposed is an increase from $0.025 per pound to $0.04 per pound of product certified. This action is required due to budget shortfalls and cuts in the Department's budget. The fee increase is necessary to balance the Department's budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is estimated to be a total increase in revenue collections of $129,578. This increase in collections was calculated using the amount of present generated funds of $215,963 at present rate of $0.025 per pound and new rate of $0.04 per pound which is estimated to generate $345,541.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be an increase in costs to all users of the certification service. The amount of the increase on individuals will vary according to amount of product certified. There will be no additional paperwork as a result of these amendments. The impact on the costs of directly affected persons or non-governmental groups is not anticipated to be significant.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed amendments are not anticipated to have a net effect on competition and employment. There will be no effect on interstate commerce because no other states have a similar program. When the imposition of the fee became effective in 1981 there were not determinations made that this would have an effect on interstate commerce. This rule was to insure that the users of the service would receive products that they specified on bids.

Skip Rhorer
Assistant Commissioner
0501#040

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Civil Service
Board of Ethics

Executive Branch Lobbying
(LAC 52:I.Chapters 17, 19 and 21)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Department of Civil Service, Louisiana Board of Ethics, has initiated rulemaking procedures to promulgate rules concerning the registration and reporting requirements pursuant to the executive branch lobbying laws pursuant to R.S. 49:71, et seq.

These proposed Rules have no impact on family formation, stability or autonomy, as described in R.S. 49:972.

Title 52
ETHICS
Part I. Board of Ethics

Chapter 17. Code of Governmental Ethics

§1701. Exception Contained in Section 1123(13); Sporting and Cultural Events

A. An elected official may not receive a ticket or other fee or payment made in connection with a sporting or cultural event the value of which exceeds $100. If two or more persons pay for the ticket or other fee or payment made in connection with a sporting or cultural event, the total amount of the fee or payment may not exceed $100.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

Chapter 19. Lobbyist Disclosure Act

§1913. Reserved.

NOTE: Formerly Executive Lobbying Registration/Renewal, redesignated as §2131.

§1915. Reserved.

NOTE: Formerly Executive Lobbying Supplemental Registration, redesignated as §2133.

§1917. Reserved.

NOTE: Formerly Executive Lobbying Expenditure Reporting Designation, redesignated as §2135.

Chapter 21. Executive Branch Lobbying

§2101. In General

A. The Executive Branch Lobbyist Disclosure Act provides that the board shall administer and enforce the provisions of R.S. 49:71 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2103. Registration and Reporting Forms

A. The staff shall prepare and provide, upon request, forms for the registration and reporting of executive branch lobbyists. Forms may be provided on paper or in electronic format.

B. No registration, report or designation filed by a lobbyist or other person will be dated and filed with the board unless the registration, report or designation is on the form promulgated by the board in this Chapter.

C. If the form is electronically filed, the method of signature shall be as provided in §1803.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2105. Registration and Reporting; Dating, Numbering and Filing

A. The staff shall establish a procedure for the dating, indexing, and filing of all lobbyist registrations, lobbyist disclosure reports, designations, and employer/principal disclosure reports received by the board.

B. The method of determining the date of filing shall be as provided in R.S. 42:1157.1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2107. Filing Fees

A. A fee, as set forth by the Legislature in R.S. 49:74(G), shall be remitted to the board with each registration or renewal required to be filed by a lobbyist.

B. All fees paid in compliance with this Chapter shall be by check or money order and made payable to the Louisiana Board of Ethics.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2109. Definitions

A. The following definitions supplement those contained in R.S. 49:71 et seq.

Aggregate Amount or *Aggregate Expenditure* the total amount of money spent on behalf of an individual executive branch official on any one occasion or during a six-month reporting period.

Aggregate Total the total of all expenditures for a reporting period or a calendar year.

Employer any person which employs an individual for the purpose of lobbying.

Principal any person who retains the services of a lobbyist to represent its interests on a contractual basis.

Reportable Expenditure an expenditure which is required to be reported according to R.S. 49:72(5).

Schedule A part of the promulgated expenditure report form which is used to report the name and agency of an executive branch official and the amount spent on the individual when such information is required by R.S. 49:76E.

Schedule B part of the promulgated expenditure report form which is used to report the name of the group or groups of persons invited to a function, the date and location of the function and expenditures made in connection with the function when such information is required by R.S. 49:76F.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2111. Executive Branch Agencies

A. A lobbyist shall report the total amount of expenditures spent on employees in every individual department of the executive branch during the applicable reporting period on the forms promulgated by the board in this Chapter.

B. A lobbyist shall report the total amount of expenditures spent on employees in every individual agency within an executive branch department during the applicable reporting period on the forms promulgated by the board in this Chapter.

C. The board has promulgated the following roman numerical list of each department of the executive branch followed by the numerical list of agencies within each executive branch department.

I. Office of the Governor
1. Executive Office of the Governor
2. Advisory Council for Technology Access by Individuals with Disabilities
3. Board of Examiners of Certified Shorthand Reporters
4. Board of Tax Appeals
5. Board of Trustees of the State Employees Group Benefits Program
6. Cabinet Advisory Group on Economic Development
7. Children's Cabinet and Children’s Cabinet Advisory Board
8. Coordinating Council on Telemedicine and Distance Education
9. Council on Peace Officers Standards and Training
10. Crime Victims Reparation Board
11. Governor’s Advisory Commission on Coastal Restoration and Conservation
12. Governors Office of Indian Affairs
13. Indigent Defense Assistance Board
14. Juvenile Justice Reform Act Implementation Commission
15. Louisiana Animal Welfare Commission
16. Louisiana Architects Selection Board
17. Louisiana Auctioneers Licensing Board
18. Louisiana Cemetery Board
19. Louisiana Commission on HIV and AIDS
20. Louisiana Commission on Human Rights
21. Louisiana Commission on Law Enforcement and Administration of Criminal Justice
22. Louisiana Economic Development Council
23. Louisiana Engineers Selection Board
24. Louisiana Governor’s Mansion Commission
25. Louisiana Landscape Architects Selection Board
26. Louisiana Manufactured Housing Commission
27. Louisiana Motor Vehicle Commission
28. Louisiana Real Estate Appraisers Board
29. Louisiana Real Estate Commission
30. Louisiana Sentencing Commission
31. Louisiana Stadium and Exposition District, Board of Commissioners
32. Louisiana State Board of Cosmetology
33. Louisiana State Board of Home Inspectors
34. Louisiana State Interagency Coordinating Council for Child Net: Louisiana's Early Intervention Program for Infants and Toddlers with Special Needs and their Families
35. Louisiana State Racing Commission
36. Louisiana State Radio and Television Technicians Board
37. Louisiana Technology and Innovations Council
38. Louisiana Used Motor Vehicle and Parts Commission
39. Louisiana Workforce Commission

40. Mental Health Advocacy Service and its Board of Trustees
41. Military Department, State of Louisiana
42. Occupational Forecasting Conference
43. Office of Disability Affairs
44. Office of Elderly Affairs and the Louisiana Executive Board on Aging
45. Office of Environmental Education
46. Office of Financial Institutions
47. Office of Lifelong Learning
48. Office of Louisiana Oil Spill Coordinator
49. Office of Rural Development
50. Office of Women's Policy
51. Ozarks Regional Commission
52. Patient's Compensation Fund Oversight Board
53. Pet Overpopulation Advisory Council
54. Policy Coordinating Council
55. Polygraph Board
56. Small Business Entrepreneurship Commission
57. State Board of Architectural Examiners
58. State Board of Certified Public Accountants of Louisiana
59. State Board of Examiners of Interior Designers
60. State Boxing and Wrestling Commission
61. State Licensing Board for Contractors
62. The Drug Policy Board
63. The Wetlands Conservation and Restoration Authority
64. Any board, commission, or task force created by the Governor or by the Office of the Governor

II. Department of Agriculture and Forestry
1. Executive Office of the Commissioner
2. Office of Management and Finance
3. Office of Solar and Water Conservation
4. Office of Marketing
5. Office of Agro-Consumer Services
6. Office of Agriculture and Environmental Sciences
7. Office of Animal Health Services
8. Office of Forestry
9. Advisory Commission on Pesticides
10. Boll Weevil Eradication Commission
11. Dairy Industry Promotion Board
12. Dairy Stabilization Board
13. Fertilizer Commission
14. Horticulture Commission of Louisiana
15. Livestock Brand Commission
16. Louisiana Agricultural Commodities Commission
17. Louisiana Agricultural Finance Authority
18. Louisiana Aquaculture Coordinating Council
19. Louisiana Beef Industry Council
20. Louisiana Crawfish Market Development Authority
21. Louisiana Crawfish Promotion and Research Board
22. Louisiana Egg Commission
23. Louisiana Feed Commission
24. Louisiana Forestry Commission
25. Louisiana Pork Commission Board
26. Louisiana Rice Commission Board
27. Louisiana Rice Research Board
28. Louisiana Soy Bean Commission Board
29. Louisiana State Livestock Sanitary Board
30. Louisiana Strawberry Marketing Board
31. Louisiana Sweet Potato Advertising and Development Commission
32. New Orleans Food Center Authority
33. Seed Commission
34. State Market Commission
35. State Soil and Water Conservation Committee
36. Structural Pest Control Commission
37. Weights and Measures Commission

III. Department of Culture, Recreation, and Tourism
1. Office of the Lieutenant Governor
2. Executive Office of the Secretary
3. Office of Management and Finance
4. Office of Tourism
5. Office of State Library
6. Office of the State Museum
7. Office of Cultural Development
8. Office of State Parks
9. Atchafalaya Trace Advisory Board
10. Atchafalaya Trace Commission
11. Atchafalaya Trace Heritage Area Development Zone Review Board
12. Board of Commissioners of the State Library of Louisiana
13. Board of Directors of the Louisiana State Museum
14. Council of 100
15. Kenner Naval Museum Commission
16. Louisiana Archaeological Survey and Antiquities Commission
17. Louisiana Byways Commission
18. Louisiana Folk Life Commission
19. Louisiana Naval War Memorial Commission
20. Louisiana Purchase Bicentennial Commission
21. Louisiana Purchase Commemorative Act Commission
22. Louisiana Retirement Development Commission
23. Louisiana Serve Commission
24. Louisiana State Arts Council
25. Louisiana Tourism Development Commission
26. Louisiana Unmarked Burial Sites Board
27. Manchac Parkway Commission
28. Mississippi River Road Commission
29. National Register Review Committee
30. New Orleans City Park Improvement Association and its Board of Commissioners
31. Red River Development Council
32. State Board of Library Examiners
33. State Parks and Recreation Commission

IV. Department of Economic Development
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Business Development
4. Advisory Committee of Louisiana Applied Polymer Technology Extension Consortium
5. Board of Commerce and Industry
6. Board of Directors of Louisiana Applied Polymer Technology Consortium
7. Louisiana Biomedical Research and Development Park Commission
8. Louisiana Economic Development Corporation
9. Louisiana International Trade Development Board
10. Louisiana Music Commission

V. Department of Education
1. State Board of Elementary and Secondary Education

2. Advisory Councils to Pro-Secondary Vocational Technical Schools
3. Executive Office of the Superintendent
4. Office of Management and Finance
5. Louisiana Student Financial Assistance Commission, Office of Student Financial Assistance
6. Office of School and Community Support
7. Office of Student and School Performance
8. Office of Quality Educators
9. Board of Regents
10. Board of Supervisors for the University of Louisiana System
11. Any College/University under the supervision of the Board of Supervisors for the University of Louisiana System shall be considered its own agency
12. Board of Supervisors of Louisiana State University and Agricultural and Mechanical College
13. Any College/University/Center under the supervision of the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College shall be considered its own agency
14. Board of Supervisors of Southern University and Agricultural and Mechanical College
15. Any College/University/Center under the supervision of the Board of Supervisors of Southern University and Agricultural and Mechanical College shall be considered its own agency
16. Administrative Leadership Academy
17. Advisory Commission on Proprietary Schools
18. Board of Directors of Minority Health Professions Education Foundation
19. Council for the Development of Spanish in Louisiana
20. Council for the Development of French in Louisiana
21. Council of Louisiana Universities Marine Consortium for Research and Education
22. Governor's Program for Gifted Children
23. Louisiana Educational Assessment Testing Commission
24. Louisiana Educational Television Authority
25. Louisiana Higher Education Executive Advisory Committee
26. Louisiana HIPPY Advisory Board
27. Louisiana School for Gifted and Talented Students and its Board of Directors
28. Louisiana Systemic Initiatives Program Council
29. New Orleans Center for Creative Arts/Riverfront and Advisory Board
30. Office of Instructional Technology
31. Quality Science and Mathematics Council
32. Recovery School District
33. State Advisory Commission on Teacher Education and Certification
34. Task Force on Student Proficiency
35. Teaching Internship Program Commission

VI. Department of Environmental Quality
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Environmental Assessment
4. Office of Environmental Compliance
5. Office of Environmental Services
6. Board of Certification and Training for Solid Waste Management
7. Louisiana Small Business Compliance Advisory Panel

VII. Department of Health and Hospitals
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Public Health
4. Office of Mental Health
5. Office of Citizens with Developmental Disabilities
6. Office for Addictive Disorders
7. Any hospital/institution/ developmental center, including regional or parish offices, under the supervision of the Department of Health and Hospitals shall be considered its own agency
8. Advisory Committee on Hospice Care
9. Advisory Committee on Respiratory Care
10. Allied Health Professionals Supply and Demand Commission
11. Ambulance Standards Committee of Emergency Medical Services Task Force
12. Board of Examiners for Nursing Home Administrators
13. Clinical Laboratory Personnel Committee
14. Commission on Perinatal Care and Prevention of Infant Mortality
15. Fluoridation Advisory Board
16. Governor's Council on Physical Fitness and Sports
17. Health Education Authority of Louisiana
18. Louisiana Access to Better Care Medicaid Insurance Demonstration Project Oversight Board
19. Louisiana Advisory Committee on Assisted Living
20. Louisiana Advisory Committee on Populations and Geographic Regions with Excessive Cancer Rates
21. Louisiana Advisory Committee on Midwifery
22. Louisiana Board for Hearing Aid Dealers
23. Louisiana Board of Examiners for Speech-Language Pathology and Audiology
24. Louisiana Board of Massage Therapy
25. Louisiana Board of Pharmacy
26. Louisiana Board of Wholesale Drug Distributors
27. Louisiana Commission on Alcohol and Drug Abuse
28. Louisiana Emergency Medical Services Certification Commission
29. Louisiana License Professional Counselors Board of Examiners
30. Louisiana Licensed Professional Vocational Rehabilitation Counselors Board of Examiners
31. Louisiana Medical Assistance Trust Fund Advisory Council
32. Louisiana Medical Disclosure Panel
33. Louisiana State Board of Certification for Substance Abuse Counselors
34. Louisiana State Board of Certified Social Work Examiners
35. Louisiana State Board of Chiropractic Examiners
36. Louisiana State Board of Dentistry
37. Louisiana State Board of Embalmers and Funeral Directors

38. Louisiana State Board of Examiners for Sanitarians
39. Louisiana State Board of Examiners in Dietetics and Nutrition
40. Louisiana State Board of Medical Examiners
41. Louisiana State Board of Nurse Examiners
42. Louisiana State Board of Optometry Examiners
43. Louisiana State Board of Physical Therapy Examiners
44. Louisiana State Board of Practical Nurse Examiners
45. Louisiana State Planning Council on Developmental Disabilities
46. Medical Education Commission
47. Minority Health Affairs Commission
48. Nursing Supply and Demand Commission
49. Physicians Assistance Advisory Committee
50. Radiologic Technology Board of Examiners
51. Southern Louisiana Drinking Water Study Commission
52. State Board of Electrolysis
53. State Board of Examiners for Psychologists
54. State Board of Veterinary Medical Examiners
55. State Office of Comprehensive Health Planning
56. Statewide Health Coordinating Council
57. The Medicaid Drug Program Committee
58. Water Supply and Sewerage Systems Certification Committee

VIII. Department of Insurance
1. Office of the Commissioner of Insurance
2. Office of Management and Finance
3. Division of Legal Services
4. Division of Public Affairs
5. Division of Minority Affairs
6. Office of Receivership
7. Office of Licensing and Compliance
8. Office of Property and Casualty
9. Office of Health Insurance
10. Office of Financial Solvency
11. Advisory Committee of the Louisiana Consortium Insurance and Financial Services
12. Advisory Committee on Equal Opportunity
13. Advisory Committee to the Basic Health Insurance Plan Pilot Program Development Council
14. Board of Directors of the Property Insurance Association of Louisiana
15. Examination Review Council
16. Governing Committee of the Louisiana Automobile Insurance Plan
17. Governing Committee of the Louisiana Insurance Underwriting Plan
18. Governing Committee of the Louisiana Joint Reinsurance Plan
19. Insurance Education Advisory Council
20. Louisiana Health Care Commission
21. Louisiana Insurance Rating Commission
22. The Board of Directors of the Louisiana Consortium of Insurance and Financial Services

IX. Department of Justice
1. Executive Office of the Attorney General
2. Administrative Services Division
3. Public Protection Division
4. Litigation Division
5. Civil Division
6. Criminal Division
7. Investigation Division
8. Gaming Division
9. Law Enforcement Officers and Firemen's Survivor Benefit Review Board

X. Department of Labor
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Occupational Information Services
4. Office of Workers' Compensation Administration
5. Office of Workforce Development
6. Office of Regulatory Services
7. Apprenticeship Council
8. Board of Barber Examiners
9. Employment Security Board of Review
10. Governor's State Manpower Services Council
11. Louisiana Private Employment Service Advisory Council
12. Louisiana Workers' Compensation Second Injury Board
13. State Board of Examiners of Journeymen Plumbers
14. Workers' Compensation Advisory Council

XI. Department of Natural Resources
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Mineral Resources
4. Office of Coastal Restoration and Management
5. Office of Conservation
6. The Oil Field Site Restoration Commission
7. Atchafalaya Basin Advisory Committee
8. State Mineral Board
9. Louisiana-Mississippi Tangipahoa River Waterway Compact
10. Atchafalaya Basin Program
11. Atchafalaya Basin Research and Promotion Board
12. Ground Resource Commission
13. Oyster Lease Damage Evaluation Board

XII. Department of Public Safety and Corrections
1. Executive Office of the Secretary
2. Office of Management and Finance for Correction Services
3. Office of Management and Finance for Public Safety Services
4. Office of Legal Affairs
5. Office of State Police
6. Office of Motor Vehicle
7. Office of State Fire Marshal, Code Enforcement and Building Safety
8. Office of Adult Services
9. Office of the Youth Development
10. Any prison, detention center, or corrections facility under the supervision of the Department of Public Safety and Corrections shall be considered its own agency
11. Board of Pardons
12. Board of Parole
13. Board of Review for Extra Compensation for Municipal Police Officers
14. Board of Review to the Fire Marshal
15. Emergency Response Commission
16. Fire Prevention Board of Review
17. Firemen's Supplemental Pay Board
18. Interagency Recreation Board
19. Liquified Petroleum Gas Commission
20. Louisiana Alarm Services Advisory Board
21. Louisiana Gaming Control Board

22. Louisiana Gaming Control Board Hearing Office
23. Louisiana Highway Safety Commission
24. Louisiana Medical Advisory Council
25. Louisiana Motor Carrier Advisory Committee
26. Louisiana State Board of Private Investigator Examiners
27. Louisiana State Board of Private Security Examiners
28. Prison Enterprises Board
29. Weights and Standards Mobile Police Force

XIII. Department of Public Service Public Service Commission

XIV. Department of Revenue
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Tax Administration-Group 1
4. Office of Tax Administration-Group 2
5. Office of Tax Administration-Group 3
6. Office of Alcohol and Tobacco Control
7. Office of Legal Affairs
8. Office of Charitable Gaming
9. Louisiana Tax Commission
10. Louisiana Tax Free Shopping Commission
11. Public Administrators Appointed Pursuant to R.S. 9:1581
12. Uniform Electronic Local Returns and Remittance Advisory Committee

XV. Department of Social Services
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Family Support
4. Office of Community Services
5. Any regional, parish, or district office under the supervision of the Department of Social Services shall be considered its own agency
6. Blind Vendor's Trust Fund Advisory Board
7. Interpreters Certification Board
8. Louisiana Advisory Committee on Licensing of Child Care Facilities and Child Placing Agencies
9. Louisiana Child Care Challenge Committee
10. Louisiana Children's Trust Fund Board
11. Louisiana Commission for the Deaf
12. Louisiana Committee on Private Child Care
13. Louisiana Welfare Reform Coordinating Committee
14. Traumatic Head and Spinal Cord Injury Trust Fund Advisory Board

XVI. Department of the State
1. Secretary of the State
2. First Stop Shop
3. Office of the Uniform Commercial Code
4. Historical Records Advisory Commission
5. First Stop Shop Coordinating Council
6. Advisory Board of the Old State Capitol
7. Eddie G. Robinson Museum Commission
8. State Board of Elections Supervisors
9. Regional Museum Governing Board of Louisiana State Exhibit Museum
10. Louisiana State Exhibit Museum
11. Louisiana State Cotton Museum
12. Tioga Heritage Park and Museum and Governing Board
13. Jean Lafitte Marine Fisheries Museum and Governing Board
14. Louisiana Military Museum and Governing Board
15. Louisiana Delta Music Museum and Governing Board
16. Mansfield Women's Museum and Governing Board
17. Louisiana State Oil and Gas Museum
18. Garyville Timber Mill Museum
19. Livingston Parish Museum and Cultural Center

XVII. Department of State Civil Service
1. State Civil Service Commission
2. State Civil Service
3. Advisory Board on Inservice Education and Training
4. Board of Ethics
5. State Police Service
6. Division of Administrative Law
7. State Examiner of Municipal Fire and Police Civil Service and the Office of the State Examiner of Municipal Fire and Police Civil Service

XVIII. Department of Transportation and Development
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Highways
4. Office of Planning and Programming
5. Office of Operations
6. Office of Public Works and Intermodal Transportation
7. Any regional or parish office, under the supervision of the Department of Transportation and Development shall be considered its own agency
8. Allen Parish Reservoir District
9. Louisiana High Speed Rail Transportation Advisory Council
10. Louisiana Investment in Infrastructure for Economic Prosperity Commission
11. Louisiana Professional Engineering and Land Surveying Board
12. Louisiana Transportation Authority
13. Mississippi River Bridge Authority
14. Mississippi River Parkway Commission of Louisiana
15. Mississippi-Louisiana Rapid Transit Commission
16. Offshore Terminal Authority
17. Poverty Point Reservoir District
18. Sabine River Authority
19. Washington Parish Reservoir District
20. West Ouachita Reservoir Commission

XIX. Department of the Treasury
1. Executive Office of the State Treasurer
2. Office of Management and Finance
3. Office of the State Bond Commission
4. Office of the State Depository Control and Investment
5. Interim Emergency Board
6. Louisiana Deferred Compensation Commission
7. Louisiana Housing Finance Agency
8. Louisiana Infrastructure Bank
9. Louisiana Infrastructure Bank Board of Directors
10. Louisiana School Employees' Retirement System and their Board
11. Louisiana School Lunch Employees' Retirement System and their Board
12. Louisiana State Employees' Retirement System and their Board

13. Louisiana State University Retirement System
14. Medical Disability Board
15. Public Retirement System Acticarial Committee
16. State Bond Commission
17. State Police Retirement Fund and their Board
18. Teachers Retirement System of Louisiana and their Board

XX. Department of Veterans Affairs
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Veterans Affairs Commission
4. Any Veteran Home under the jurisdiction of the Department shall be considered its own agency

XXI. Department of Wildlife and Fisheries
1. Executive Office of the Secretary
2. Office of Management and Finance
3. Office of Fisheries
4. Office of Wildlife
5. Any regional or parish office under the supervision of the Department of Wildlife and Fisheries shall be considered its own agency
6. Louisiana Artificial Reef Development Council
7. Louisiana Fur and Alligator Advisory Council
8. Wildlife and Fisheries Commission
9. Iatt Lake State Game and Fish Preserve
10. Saline Lake Game and Fish Preserve
11. Louisiana Seafood Promotion and Marketing Board
12. Gulf States Marine Fisheries Commission
13. Nantachie Lake State Game and Fish Preserve
14. Northwest Louisiana Game and Fish Preserve
15. Crab Task Force
16. Mullet Task Force
17. Oyster Task Force

XXII. Division of Administration
1. Executive Office of the Commissioner
2. Office of Community Development
3. Comprehensive Public Training Program
4. Office of Computing Services
5. Office of Contractual Review
6. Office of Electronic Services
7. Office of Facility Planning and Control
8. Office of Finance and Support Services
9. Office of Group Benefits
10. Office of Human Resources
11. Office of Information Services
12. Office of Information Technology
13. Office of the Inspector General
14. Louisiana Property Assistance Agency
15. Office of Planning and Budget
16. Office of Risk Management
17. Office of State Buildings
18. State Land Office
19. Office of State Mail Operations
20. Office of State Printing and Forms Management
21. Office of State Purchasing and Travel
22. Office of the State Register
23. Office of the State Uniform Payroll
24. Office of Statewide Reporting and Accounting Policy
25. TANF Executive Office of Oversight and Evaluation
26. Office of Telecommunications Management

XXIII. Agencies not placed within a specific executive branch department
1. Advisory Committee on Regulation of Water Well Drillers
2. Advisory Council for Early Identification of Hearing Impaired Infants
3. Agricultural Education Advisory Committee
4. Assessors' Retirement Fund and their Board
5. Department of Education
6. Cash Management Review Board
7. Choose Life Advisory Council
8. Clerks of Court Retirement System and their Board
9. Commercial Building Energy Conservation Code Advisory Committee
10. Compensation Review Commission
11. District Attorney's Retirement System and their Board
12. Election Board of the Louisiana Hall of Fame of the Arts
13. Emergency Medical Services for Children Advisory Council
14. Firefighters' Retirement System and their Board
15. Flood Control Project Evaluation Committee
16. Louisiana Environmental Education Commission
17. Louisiana School Asbestos Abatement Commission
18. Louisiana State Office of Rural Health
19. Municipal Employees' Retirement System and their Board
20. Municipal Police Employees' Retirement System and their Board.
21. Parochial Employees' Retirement System and their Board
22. Regional and state advisory councils for community and family support services
23. Rev. Avery C. Alexander Memorial Commission
24. South Central Regional Transportation Authority
25. Telephone Access Program Board
26. The Registrars of Voters Employees' Retirement System and their board
27. The Sheriff's Pension and Relief Fund and their Board
28. Board of Supervisors of Community and Technical Colleges
29. Any technical college or community college under the supervision of the Board of Supervisors of Community and Technical Colleges shall be considered its own agency

D. In the event the agency of an executive branch official is not listed in the above list, the lobbyist shall exercise due diligence to identify the department and agency of the executive branch official and properly report the expenditure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2113. Registration

A. Only an individual who has reached the age of majority may register as a lobbyist.

B. Any individual who is employed as a lobbyist or who receives compensation to act in a representative capacity for the purpose of lobbying shall register, on forms provided by the board, as an executive branch lobbyist with the board within five days of making expenditures of $500 or more on executive branch officials in a calendar year for the purpose of lobbying.

C. Any individual who does not make expenditures of $500 or more on executive branch officials but who registers as an executive branch lobbyist with the board shall file expenditure reports as required by the Lobbyist Disclosure Act and shall be liable for any late fee assessed for the late filing of a report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2115. Reporting; In General

A. The following are reportable expenditures under R.S. 49:71 et seq.:

1. the amount spent to purchase food and drink on behalf of an individual executive branch official if the amount spent exceeds ten dollars;

2. for elected executive branch officials, the value of a ticket or other fee or payment made in connection with a sporting or cultural event as permitted by R.S. 42:1123(13).

B. A reportable expenditure should be reported by the lobbyist who would be required to account for the expenditure as an ordinary and necessary expense directly related to the active conduct of the lobbyist's, his employer's or the principal's trade or business.

C. Any expenditure made by a lobbyist on an executive branch official shall be considered a reportable expenditure, regardless of a pre-existing personal or familial relationship.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2117. Reporting; Additional Disclosure Requirements under R.S. 49:76(E)

A. If the expenditures for an individual executive branch official exceeds $50 on any one occasion or exceeds an aggregate of $200 and $50 during a six-month reporting period, then R.S. 49:76E requires that the name and agency of the executive branch official and the total amount of expenditures spent on that individual in a reporting period be disclosed on Schedule A of the expenditure report.

B. Any expenditure made in connection with a sporting or cultural event as permitted by R.S. 42:1123(13) shall be included in calculating the amount spent on an elected executive branch official and in determining whether additional reporting as required by R.S. 49:76E is necessary.

C. Any expenditure subject to additional reporting under R.S. 49:76F shall not be included in calculating the amount spent on an individual executive branch official for purposes of determining whether additional reporting is required by R.S. 49:76E.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2119. Reporting; Additional Disclosure Requirements under R.S. 49:76(F)

A. If more than 25 executive branch officials are invited to a reception, social gathering or other function during a reporting period, then R.S. 49:76(F) requires that the following information be disclosed on Schedule B of the expenditure report:

1. the name of the group or groups of persons invited;

2. the date of the function;

3. the location of the function;

4. all expenditures made in connection with the function.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2121. Election by Employer or Principal to Report for Lobbyists

A. An employer or principal may elect, pursuant to R.S. 49:76G(2)(a), to file a single expenditure report.

B. If an employer or principal elects to file such reports, an Employer/Principal Designation form, as promulgated in this Chapter, must be completed and submitted to the board by January 31. The designation shall be effective for one year and requires the employer or principal to report of all expenditures made by all lobbyists representing its interests during that calendar year.

C. In the event an employer or principal files an expenditure report which does not include a statement of expenditures for one of its lobbyists, the report shall not be timely filed until a complete report disclosing the expenditures of all of its lobbyists is filed.

D. Late fees shall continue to accumulate until a complete report is filed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2123. Expenditures made directly by the Principal or Employer

A. An expenditure made directly by an employer or principal in connection with a reception, social gathering, or other function shall be attributed to and reported by the lobbyist who attends the function. If more than one lobbyist attends the function, then the total amount spent by the employer or principal on the function shall be attributed in equal portions to the lobbyists who attend.

B. If a lobbyist is not present at the time an expenditure is made by an employer or principal, a lobbyist who represents the employer or principal's interests must report the expenditure.

C. An employer or principal who makes such an expenditure is required to provide the following information to the lobbyist no later than two business days after the close of each reporting period:

1. the total amount of the expenditure;

2. the amount of the expenditure that has been attributed to the lobbyist and which must be reported by the lobbyist;

3. the nature of the expenditure;

4. the names of the executive branch officials involved; and

5. the agencies of the executive branch officials involved.

D. Failure by the employer or principal to provide the necessary information to its lobbyist regarding such expenditure will cause the employer or principal to be required to register and report as a lobbyist and may subject the employer or principal to penalties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2131. Executive Lobbying Registration/Renewal

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____
(Fill in year.)

_____
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date:_____

Instructions

- Print in ink or type.
- Complete form and return with **$110** registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME_____
   Last First MI

2. BUSINESS PHONE _____
   Area Code and Phone Number

3. FAX NUMBER _____

4. BUSINESS ADDRESS _____
   Street and No. City State Zip

   MAILING ADDRESS _____
   Street and No. City State Zip

5. EMPLOYER _____

6. EMPLOYER'S ADDRESS _____
   Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

Page _____ of _____

EXECUTIVE LOBBYING REGISTRATION FORM

_____
Executive Lobbyist Registration No.

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Page _____ of _____

EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

_____
Executive Lobbyist Registration No.

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

2. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

3. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

4. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

Page _____ of _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 30:2689 (December 2004), repromulgated LR 31:

§2133. Executive Lobbying Supplemental Registration

_____
Executive Lobbyist Registration No.

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

FOR OFFICE USE ONLY
Postmark Date:_____

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME _____
   Last First MI

   NAME *CHANGE* _____
   Last First MI

2. BUSINESS PHONE _____
   (Area Code) Phone Number

3. FAX PHONE _____

4. BUSINESS ADDRESS _____
   Street and No. City State Zip

   MAILING ADDRESS _____
   Street and No. City State Zip

5. EMPLOYER _____

6. EMPLOYER'S ADDRESS _____
   Street and No. City State Zip

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes_____ No_____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

   1) Name _____

      Address _____

      Business or purpose _____

      New Representation
      Does this person pay you? _____

      If No, who pays you? _____

      Terminated Representation as of _____

Page 1 of 2

EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

_____
Executive Lobbyist Registration No.

2) Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3) Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist

Page 2 of 2

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 30:2692 (December 2004), repromulgated LR 31:

§2135. Executive Lobbying Expenditure Reporting Designation

EXECUTIVE LOBBYING EXPENDITURE REPORTING DESIGNATION

Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of **all** of its lobbyists. The designation form is to be completed and submitted by **January 31st** of each year. This designation will be effective for the reporting of all expenditures made during that calendar year. This form must include a listing of all persons for whom you will be reporting. Also, please list a contact person who will be responsible for completing such reports and for receiving any correspondence regarding reporting deadlines and late fees. Failure to fully complete this form may render your designation ineffective.

Hand deliver or mail to: **2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808**
OR
Fax to: **(225) 763-8787 or (225) 763-8780**

FOR OFFICE USE ONLY

Postmark Date_____

1. EMPLOYER/PRINCIPAL _____

2. BUSINESS ADDRESS _____
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

3. CONTACT PERSON: _____
Last First MI

4. MAILING ADDRESS _____
(*If different from above*) Street and No. City State Zip

5. PHONE NUMBER _____
Area Code and Phone Number

6. FAX NUMBER _____
Area Code and Fax Number

7. Names of Lobbyists who are employed by or who represent the interests of the Principal listed above:

1) Name: _____EXEC.ID.#_____
Last First MI

2) Name: _____EXEC.ID.#_____
Last First MI

3) Name: _____EXEC.ID.#_____
Last First MI

Page 1 of 2

4) Name: _____EXEC.ID.#_____
Last First MI

5) Name: _____EXEC.ID.#_____
Last First MI

6) Name: _____EXEC.ID.#_____
Last First MI

7) Name: _____EXEC.ID.#_____
Last First MI

8) Name: _____EXEC.ID.#_____
Last First MI

9) Name: _____EXEC.ID.#_____
Last First MI

10) Name: _____EXEC.ID.#_____
Last First MI

Pursuant to LSA-R.S. 49:76G(2)(a), _____ (name of employer or principal) is exercising the option of filing expenditure reports for all executive lobbying expenditures made of my/its behalf by persons representing my/its interests during the year of _____. I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Employer/Principal or Representative

_____
Print of Type Full Name

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 30:2694 (December 2004), repromulgated LR 31:

§2137. Executive Lobbying Expenditure Report

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

COVERING JANUARY 1- JUNE 30, _____ - DUE AUGUST 15

COVERING JANUARY 1 - DECEMBER 31, _____ - DUE FEBRUARY 15

Mail to: The Board of Ethics, 3415 Quail Drive, Third Floor, Baton Rouge, LA 70808
OR
Fax to: (225) 763-8787 or (225) 763-8780

_____
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark
Date_____

1. NAME _____
Last First MI

NAME CHANGE_____
Last First MI

2. BUSINESS ADDRESS _____
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

3. BUSINESS PHONE _____
Area Code and Phone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: $ _____
(Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made July1 through December 30: $ _____
(When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: $ _____
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding $50 on one occasion for an executive branch official:

From January 1 through June 30?	Yes	No	
From July 1 through December 31?	Yes	No	NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of $250 for an executive branch official:

From January 1 through June 30?	Yes	No	
From July 1 through December 31?	Yes	No	NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

Page 1 of _____

EXECUTIVE LOBBYING EXPENDITURE REPORT

_____
Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

1) a. Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

2) a. Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

2) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 39:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist

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SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if you answered YES to either question 7 or 8 on the Executive Lobbying Expenditure Report. If, during the period January 1 through June 30 or the period July 1 through December 31, you made either a) an expenditure for any executive branch official exceeding $50 on any one occasion or b) aggregate expenditures exceeding $250 for any one executive branch official during a reporting period, then you must provide the aggregate total of expenditures made on that individual in that reporting period. **NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.**

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4

Page _____ of _____

SCHEDULE B: EXPENDITURES FOR RECEPTIONS, ETC.

This Schedule must be completed if you answered YES to question 9 on the Executive Lobbying Expenditure Report. The following information must be provided for all receptions, social gatherings, or other functions to which more than twenty-five executive branch officials were invited. List the name of the group or groups invited, the date of the event, physical location of the event including the city, and the total amount expended.

1. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	4. TOTAL AMOUNT OF EXPENDITURES

Page _____ of _____

EXECUTIVE LOBBYING EXPENDITURE REPORT ATTACHMENT

_____
Executive Lobbyist Registration No.

Instructions:

- Please make as many copies as necessary to complete Item #11 of your executive lobbying expenditure report.
- Fill in your executive lobbyist registration number in the space provided in the upper right hand corner of the page.
- Identify each page with a page number and indicate the total number of pages being submitted.

1) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

2) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

4) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

Page _____ of _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

§2139. Executive Lobbying Employer/Principal's Expenditure Report

EXECUTIVE LOBBYING
EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT

COVERING JANUARY 1 THROUGH JUNE 30, _____ - DUE AUGUST 15
COVERING JANUARY 1 THROUGH DECEMBER 31, _____ - DUE FEBRUARY 15

Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of **all** of its lobbyists. This reporting form is to be used by principals or employers who have exercised this option by timely filing the Executive Lobbying Expenditure Reporting Designation Form and are reporting on behalf of their registered executive lobbyists.

Hand deliver or mail to: **2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808**
OR
Fax to: **(225) 763-8787 or (225) 763-8780**

FOR OFFICE USE ONLY

Postmark Date_____

1. EMPLOYER/PRINCIPAL _____

2. BUSINESS ADDRESS _____
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

3. CONTACT PERSON: _____
Last First MI

4. MAILING ADDRESS _____
(*If different from above*) Street and No. City State Zip

5. PHONE NUMBER _____
Area Code and Phone Number

6. Names of Lobbyists who are employed by or who represent the interests of the Principal listed above:

1) Name: _____EXEC.ID.#_____
Last First MI

2) Name: _____EXEC.ID.#_____
Last First MI

3) Name: _____EXEC.ID.#_____
Last First MI

Page 1 of _____

4) Name: _____EXEC.ID.#_____
Last First MI

5) Name: _____EXEC.ID.#_____
Last First MI

6) Name: _____EXEC.ID.#_____
Last First MI

7) Name: _____EXEC.ID.#_____
Last First MI

8) Name: _____EXEC.ID.#_____
Last First MI

9) Name: _____EXEC.ID.#_____
Last First MI

10) Name: _____EXEC.ID.#_____
Last First MI

7. PROVIDE BELOW (a) the aggregate total of all expenditures made by the principal/employer during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (c) the aggregate total of all expenditures made in a calendar year attributable to the agency.

a. Total of all executive lobbying expenditures made January 1 through June 30: $ _____
(Include expenditures from Schedules A and B)

b. Total of all executive lobbying expenditures made July 1 through December 31: $ _____
(When applicable) (Include expenditures from Schedules A and B)

c. Total of all executive lobbying expenditures made during the calendar year: $ _____
(Line "a" added top Line "b" should equal Line "c")

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Employer/Principal or Representative

_____
Print or Type Full Name

Page 2 of _____

Executive Lobbyist: _____ Exec. ID # _____

Last First MI

SCHEDULE A: EXPENDITURES FOR EXECUTIVE BRANCH OFFICIALS

This schedule must be completed if during the period January 1 through June 30 or the period July 1 through December 31, one of your registered executive lobbyists made either a) an expenditure for any executive branch official exceeding $50 on any one occasion or b) aggregate expenditures exceeding $250 for any one executive branch official during a reporting period, then you must provide the aggregate total of expenditures made on that individual in that reporting period. Make as many copies as are necessary. Each lobbyist should have his own Schedule A if one is required. **NOTE: Report covering July - December is cumulative. You must include reportable expenditures from the first half of the year in Column #3.**

1. EXECUTIVE OFFICIAL'S NAME	2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4

Page _____ of _____

SCHEDULE B: EXPENDITURES FOR RECEPTIONS, ETC.			
This Schedule must be completed if on of your executive lobbyists expended funds for any receptions, social gatherings, or other functions to which more than twenty-five executive branch officials were invited. List the name of the group or groups invited, the date of the event, physical location of the event including the city, and the total amount expended. Make as many copies as are necessary. Each lobbyist should have his own Schedule B if one is required.			
1. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	4. TOTAL AMOUNT OF EXPENDITURES

Page _____ of _____

EXECUTIVE LOBBYING
EMPLOYER/PRINCIPAL'S EXPENDITURE REPORT
ATTACHMENT

This attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive lobbyists. Make as many copies of this form as needed for the completion of the expenditure report. Identify each page with a number and indicate the total number of page being submitted.

1) LOBBYIST:_____ EXEC ID # _____

A. Total of all executive lobbying expenditures made January 1 through June 30: $ _____
(Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made July1 through December 30: $ _____
(When Applicable) (Include expenditures from Schedules A and B)

Total of all executive lobbying expenditures made during calendar year: $ _____
(Adding above expenditure lines should equal this total)

B. Did this lobbyist make an expenditure exceeding $50 on one occasion for an executive branch official:

From January 1 through June 30?	Yes	No	
From July 1 through December 31?	Yes	No	NA

If the answer to either question in "B" above is YES, complete Schedule A and attach.

C. Did you make expenditures exceeding the sum of $250 for an executive branch official:

From January 1 through June 30?	Yes	No	
From July 1 through December 31?	Yes	No	NA

If the answer to either question in "C" above is YES, complete Schedule A and attach.

D. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes No

If the answer to "D" above is YES, complete Schedule B and attach.

Page _____ of _____

E. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the department.

1) a. Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

2) . Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

4) a. Name of Department: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

Page _____ of _____

F. PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made by this lobbyist in a calendar year attributable to the agency.

1) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

2) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

3) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

4) a. Name of Department and Individual Agency: _____

b. Total of all expenditures made January 1 through June 30: $ _____

c. Total of all expenditures made July 1 through December 31: $ _____
(When applicable)

d. Total of all expenditures made during the calendar year: $ _____

Page _____ of _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 31:

Interested persons may direct their comments to R. Gray Sexton, Louisiana Board of Ethics, 2415 Quail Drive, Third Floor, Baton Rouge, LA 70808, telephone (225) 763-8777, until 4:45 p.m. on February 10, 2005.

R. Gray Sexton
Ethics Administrator

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Executive Branch Lobbying

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The estimated coast to implement the rules/amendments is $7,060 in FY 04-05, $260 in FY 05-06 and $260 in FY 06-07, which accounts for the cost to publish the Notice of Intent and the rules in the *Louisiana Register* and printing of the promulgated forms.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rules will not generate revenues. The proposed rules/amendments will have no anticipated effect on revenue collections of state or local government units.

R.S. 49:78 provides that any person who violates a provision of R.S. 49:71 et seq. will be assessed a penalty of up to $10,000. R.S. 49:78 also provides that any person who does not timely register or file shall be assessed a penalty of $50 per day, up to a maximum of $1,500. It is not known if any people will violate a provision of the act or how many people will register or file reports late.

Executive branch lobbyists would be required to pay a $110 registration fee annually. Based on historical data for existing legislative lobbying activity, the agency projects that approximately 515 individuals will register in FY 2005, for an estimated $56,650 in SGR per year.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Those persons submitting the registration form are required to pay a registration fee of $110 pursuant to R.S. 49:71 et seq. Also, where applicable, the following fines/penalties can be assessed:

R.S. 49:78 provides that any person who violates a provision of R.S. 49:71 et seq. will be assessed a penalty of up to $10,000. R.S. 49:78 also provides that any person who does not timely register or file shall be assessed a penalty of $50 per day, up to a maximum of $1,500. It is not known if any people will violate a provision of the act or how many people will register or file reports late.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rules/amendments will not have an effect on competition and employment.

Kathleen M. Allen	Robert E. Hosse
Deputy General Counsel	General Government Section Director
0501#083	Legislative Fiscal Office

NOTICE OF INTENT

Department of Economic Development
Office of Business Development
Economic Development Corporation

Economic Development Award Program (EDAP) and
Economic Development Loan Program (EDLOP)
(LAC 13:III.Chapter 1)

The Louisiana Department of Economic Development, Office of Business Development, and the Louisiana Economic Development Corporation, as authorized by and pursuant to the provisions of the Administrative Procedure Act, R.S. 49:950, et seq., in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341, hereby give notice of their intent to adopt the following Rule revising and eliminating certain provisions of the rules of the Economic Development Award Program (EDAP), and supplementing and expanding or extending that program by adopting the following additional rules for the Economic Development Loan Program (EDLOP).

The Department of Economic Development, Office of Business Development, and the Louisiana Economic Development Corporation, have found a need to revise and eliminate certain provisions of the rules regarding the Economic Development Award Program (EDAP), and to supplement and expand or extend that program by providing additional Rules regarding the creation, regulation and establishment of guidelines for the Economic Development Loan Program (EDLOP). The revised EDAP rules are an update of these provisions and eliminate the provisions relating to the Louisiana Opportunity Fund Program, which has not been utilized and which is no longer needed, since it has been replaced by the Governor's Economic Development Rapid Response Program. The new EDLOP rules provide for loan funding of all or a portion of economic development projects in order to successfully secure the creation or retention of jobs by business entities newly locating in Louisiana or which may already exist in Louisiana and are expanding their operations, but require state assistance for such development, all of which will promote economic development in the state of Louisiana.

Title 13
ECONOMIC DEVELOPMENT
Part III. Financial Assistance Programs
Chapter 1. Economic Development Award Program (EDAP) and Economic Development Loan Program (EDLOP)
Subchapter A. Economic Development Award Program (EDAP)
§101. Economic Development Award Program (EDAP); Preamble and Purpose

A. The Economic Development Award Program (EDAP) is vital to support the state's commitment to Cluster Based (or Targeted Industry Based) Economic Development, and the state's long term goals as set forth in *Louisiana: Vision 2020*, which is the Master Plan for Economic Development for the state of Louisiana.

B. The purpose of this program is to finance publicly-owned infrastructure for industrial or business development projects that promote cluster or targeted industry economic development and that require state assistance for basic infrastructure development. Additionally, the Louisiana Department of Economic Development, with the approval of the Board of Directors of Louisiana Economic Development Corporation, may take necessary steps to successfully secure projects in highly competitive bidding circumstances.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:36 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1638 (December 1997), LR 25:237 (February 1999), LR 26:236 (February 2000), amended by the Department of Economic Development, Office of Business Development, Economic Development Corporation, LR 29:860 (June 2003), LR 31:

§103. Definitions

Applicants the company and the public entity, collectively, requesting financial assistance from LED under this program.

Award funding of financial assistance, appropriations, grants or loans approved under this program for eligible applicants.

Award Agreement that agreement or contract hereinafter referred to between the company, the public entity, LED and LEDC through which, by cooperative endeavor or otherwise, the parties set forth the terms, conditions and performance objectives of the award provided pursuant to these Rules.

Awardee an applicant receiving an award under this program.

Basic Infrastructure Project refers to those infrastructure projects funding for which is to be provided under this program.

Company the business enterprise for which the project is being undertaken.

EDAP the Economic Development Award Program.

Infrastructure considered to be basic hard assets, permanent type assets, such as land, buildings, structures, substantial or installed machinery and/or equipment, streets, roads, highways, rights-of-way or servitudes, including paving or other hard surfacing, piping, drainage and/or sewage facilities, utility lines, poles and facilities, railroad spurs, tracks, cross ties, and all things similar or appurtenant thereto, and including costs related to the design, location, construction, and/or installation of such hard assets.

Infrastructure Project the undertaking for which an award is granted hereunder for the new construction, improvement or expansion of roadways, parking facilities, equipment, bridges, railroad spurs, water works, sewerage, buildings, ports and waterways.

LED the Louisiana Department of Economic Development.

LEDC the Louisiana Economic Development Corporation.

Program the Economic Development Award Program, including basic infrastructure projects that are undertaken by LED, LEDC, the public entity and the company pursuant to these Rules and the bylaws of LEDC.

Project an expansion, improvement and/or provision of infrastructure for a public entity that promotes economic development, for which LED and LEDC assistance is requested under this program as an incentive to influence a company's decision to locate in Louisiana, maintain or expand its Louisiana operations, or increase its capital investment in Louisiana.

Public Entity the public or quasi-public entity responsible for engaging in the award agreement and pursuant thereto, for the performance and oversight of the project and for supervising with LED the company's compliance with the terms, conditions and performance objectives of the award agreement.

Secretary the Secretary of the Department of Economic Development, who is also the President of LEDC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:36 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1638 (December 1997), LR 25:237 (February 1999), LR 26:236 (February 2000), amended by the Department of Economic Development, Office of Business Development, Economic Development Corporation, LR 29:861 (June 2003), LR 31:

§105. General Principles

A. The following general principles will direct the administration of the Economic Development Award Program.

1. Awards are not to be construed as an entitlement for companies locating or located in Louisiana, and are subject to the discretion of the LEDC Board, after considering the recommendation of the Secretary and/or the staff of LED or LEDC.

2. An award must reasonably be expected to be a significant factor in a company's location, investment and/or expansion decisions.

3. Awards must reasonably be demonstrated to result in the improvement of or enhancement to the economic development and well-being of the state and local community or communities wherein the project is or is to be located.

4. The retention and strengthening of existing businesses will be evaluated using the same procedures and with the same priority as the recruitment of new businesses to the state.

5. The anticipated economic benefits to the state and to the local community or communities wherein the project is or is to be located will be considered in making the award.

6. The favorable recommendation of the local governing authority wherein the project is or shall be located is expected and will be a factor in the consideration of the award.

7. Appropriate cost matching or funds matching by the applicants, private investors, the local community and/or local governing authority, as well as among project beneficiaries will be a factor in the consideration of the award.

8. At the discretion of the LEDC Board, a two-year moratorium from the date of an LEDC Board approval or award of a grant may be required on additional EDAP awards to the same company at the same location.

9. Award funds shall be utilized for the approved project only.

10. Whether or not an award will be made is entirely in the discretion of the LEDC Board, after considering the recommendation of the Secretary and/or the staff of the LED or the LEDC; and shall depend on the facts and circumstances of each case, the funds available, funds already allocated, and other such factors as the LEDC Board may, in its discretion, deem to be pertinent. The approval or rejection of any application for an award shall not establish any precedent and shall not bind the LEDC Board, the LED Secretary or the staff of LED or LEDC to any course of action with regard to any application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:36 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1639 (December 1997), LR 25:238 (February 1999), LR 26:237 (February 2000), amended by the Department of Economic Development, Office of Business Development, Economic Development Corporation, LR 29:861 (June 2003), LR 31:

§107. Eligibility

A. An eligible application for the award must meet the general principles set forth above and the criteria set forth below, and the infrastructure project must be or will be owned by, and the ownership benefits or rights resulting from the infrastructure project must inure to the benefit of one of the following:

1. a public or quasi-public entity; or
2. a political subdivision of the state.

B. A company shall be considered ineligible for this program if it has pending or outstanding claims or liabilities relative to failure or inability to pay its obligations, including state or federal taxes, a bankruptcy proceeding, or if it has pending, at the federal, state, or local level, any proceeding concerning denial or revocation of a necessary license or permit, or if the company has another contract with LED or LEDC in which the company is in default and/or is not in compliance. Should a company, after receiving an award, fail to maintain its eligibility during the term of the award agreement, the LEDC Board, in its discretion, may terminate the agreement and the award, and may seek a refund of any or all funds previously disbursed under the agreement.

C.1. Businesses not eligible for awards under this Program are:

a. retail business operations;
b. real estate developments;
c. hospitality operations; or
d. gaming operations.

2. This ineligibility provision shall not apply to wholesale, storage warehouse or distribution centers; catalog sales or mail-order centers; home-office headquarters or administrative office buildings; even though such facilities are related to ineligible business enterprises, provided that retail sales, hospitality services and gaming activities are not provided directly and personally to individuals in any such facilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:37 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1639 (December 1997), LR 25:238 (February 1999), LR 26:237 (February 2000), amended by the Department of Economic Development, Office of Business Development, Economic Development Corporation, LR 29:861 (June 2003), LR 31:

§109. Criteria for Basic Infrastructure Projects

A. In addition to the general principles set forth above, basic infrastructure projects must meet the criteria hereinafter set forth for an award under the program.

1. Job Creation and/or Retention and Capital Investment

a. Basic infrastructure projects must create or retain at least 10 permanent jobs in Louisiana.

b. Consideration will be given for projects having a significant new private capital investment.

c. The number of jobs to be retained and/or created as stated in the application for basic infrastructure projects will be strictly adhered to, and will be made an integral part of the award agreement.

2. Preference will be given to projects for industries identified by LED or LEDC as cluster or targeted industries, and to projects located in areas of the state with high unemployment levels.

3. Preference will be given to projects intended to expand, improve or provide basic infrastructure supporting mixed use by the company and the surrounding community.

4. Companies must be in full compliance with all state and federal laws.

5. No assistance may be provided for Louisiana companies relocating their operations to another labor market area (as defined by the U.S. Census Bureau) within Louisiana, except when the company gives sufficient evidence that it is otherwise likely to relocate outside of Louisiana, or the company is significantly expanding and increasing its number of employees and its capital investment.

6. The minimum award request size shall be $25,000.

7. Extra consideration will be given for companies paying wages substantially above the prevailing regional wage.

8. If a company does not start the project or begin construction of the project, or make substantial progress toward preparation of architectural and engineering plans and specifications and/or permit applications, within six months after its application approval, the LEDC Board of Directors, at its discretion, may cancel funding for the project, or require reapplication. LED or LEDC may require written, signed documentation demonstrating that the contemplated project has begun or has been started.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:37 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1639 (December 1997), LR 25:238 (February 1999), LR 26:237 (February 2000), amended by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 29:862 (June 2003), LR 31:

§111. Application Procedure for Basic Infrastructure Projects

A. The applicants must submit an application to LED or LEDC on a form provided by LED or LEDC which shall contain, but not be limited to, the following:

1. a business plan that contains an overview of the company, its history, and the business climate in which it operates, including audited or certified financial statements and business projections;

2. a detailed description of the project to be undertaken, along with the factors creating the need, including the purchase, construction, renovation or rebuilding, operation and maintenance plans, a timetable for the project's completion, and the economic scope of the investment involved in the project;

3. evidence of the number, types and compensation levels of jobs to be created or retained by the company in connection with the project, and the amount of capital investment for the project;

4. details of the health insurance coverage that is or will be offered to employees of all levels of the company;

5. evidence of the support of the local community and the favorable recommendation of the local governing authority for the applicant's project described in the award application; and

6. any additional information that LED or LEDC may require.

B. The applicants and their applications must meet the general principles of §105, the eligibility requirements under §107, and meet the criteria set forth in §109 above, in order to qualify for an award under this program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:38 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1639 (December 1997), LR 25:238 (February 1999), LR 26:237 (February 2000), amended by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 29:863 (June 2003), LR 31:

§113. Submission and Review Procedure for Basic Infrastructure Projects

A. Applicants must submit their completed application to LED or to LEDC. Submitted applications will be reviewed and evaluated by LED or LEDC staff. Input may be required from the applicant, other divisions of the Department of Economic Development, LEDC, and other state agencies as needed in order to:

1. evaluate the strategic importance of the project to the economic well-being of the state and local communities;

2. validate the information presented;

3. determine the overall feasibility of the company's plan.

B. An economic cost-benefit analysis of the project, including an analysis of the direct and indirect net economic impact and fiscal benefits to the state and local communities, including an evaluation based on the Regional Input/Output Model System II (RIMS), or its successor, will be prepared by LED or LEDC.

C. Upon determination that an application meets the general principles of §105, the eligibility requirements under §107, and meets the criteria set forth for this program under §109, the Secretary of LED and/or the LED or LEDC staff will then make a recommendation to the LEDC Board of Directors. The application will then be reviewed and approved or rejected by the LEDC Board in its discretion, after considering the recommendation of the Secretary of LED and/or the staff of LED or LEDC. The cluster director or the targeted industry specialist in whose industrial area the applicant company participates may also make a recommendation to the LEDC Board as to the approval or disapproval of the award.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:38 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1639 (December 1997), LR 25:238 (February 1999), LR 26:237 (February 2000), amended by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 29:863 (June 2003), LR 31:

§115. General Award Provisions

A. Except where indicated, these provisions shall be applicable to basic infrastructure awards. All agreements, including those resulting from any expedited procedures, shall demonstrate the intent of the company, the public entity, LED, and LEDC to enter into the following.

1. Award Agreement. A written contract, agreement or cooperative endeavor agreement will be executed between LEDC, acting through the LED, the public entity and the company(ies). The agreement will specify the performance objectives and requirements the company(ies) and the public entity will be required to meet, and the compliance requirements to be enforced in exchange for state assistance, including, but not limited to, time lines for investment, for performance, job retention and/or creation, and the payroll levels of such jobs. Under the agreement, the public entity will oversee the progress of the project. LED or LEDC will disburse funds to the public entity in a manner determined by LED or LEDC.

2. Funding

a. Eligible project costs may include costs related to the design, location, construction and/or installation of basic infrastructure hard assets, including, but not limited to, the following:

i. engineering and architectural expenses related to the project;

ii. site (land) and/or building acquisition;

iii. site preparation;

iv. construction, renovation and/or rebuilding expenses; and/or

v. building materials.

b. Project costs ineligible for award funds include, but are not limited to:

i. recurrent expenses associated with the project (e.g., operation and maintenance costs);

ii. company moving expenses;

iii. expenses already approved for funding through the General Appropriations Bill, or for cash approved through the Capital Outlay Bill, or approved for funding through the state's capital outlay process for which the Division of Administration and the Bond Commission have already approved a line of credit and the sale of bonds;

iv. improvements to privately-owned property, unless provisions are included in the project for the transfer of ownership to a public or quasi-public entity;

v. refinancing of existing debt, public or private;

vi. furniture, fixtures, computers, consumables, transportation equipment, rolling stock or movable equipment.

B. Amount of Award. Following the appropriation of funds for each fiscal year, the Board of Directors of LEDC shall allocate the amount of such funds available for basic infrastructure awards.

1. For Basic Infrastructure Awards

a. Matching funds shall be a consideration.

b. The portion of the total project costs financed by the award may not exceed:

i. 90 percent for projects located in parishes with per capita personal income below the median for all parishes; or

ii. 75 percent for projects in parishes with unemployment rates above the statewide average; or

iii. 50 percent for all other projects.

c. Other state funds cannot be used as the match for EDAP funds.

d. All monitoring will be done by LED or LEDC. Expenditures for monitoring or fiscal agents may be deducted from awards.

e. The award amount shall not exceed 25 percent of the total funds allocated to the Basic Infrastructure Awards Program during a fiscal year, unless the project creates in excess of 200 jobs, or creates an annual payroll in excess of $3.1 million.

f. The LEDC Board of Directors, in its discretion, considering the recommendations of the Secretary and/or the staff of LED or LEDC, may limit the amount of awards to effect the best allocation of resources based upon the number of projects requiring funding and the availability of program funds.

C. Conditions for Disbursement of Funds

1. Award funds will be available to the public entity on a reimbursement basis in accordance with the award agreement following submission of required documentation to LED or LEDC from the public entity.

2. Program Funding Source

a. If the program is funded through the state's general appropriations bill, only funds spent on the project after the approval of the LEDC Board of Directors will be considered eligible for reimbursement.

b. If the program is funded through a capital outlay bill, eligible expenses cannot be incurred until a cooperative endeavor agreement (contract) has been agreed upon, signed and executed.

3. Award funds will not be available for disbursement until:

a. LED or LEDC receives signed commitments by the project’s other financing sources (public and private);

b. LED or LEDC receives signed confirmation that all technical studies or other analyses (e.g., environmental or engineering studies), and licenses or permits needed prior to the start of the project have been completed or obtained;

c. all other closing conditions specified in the award agreement have been satisfied.

4. Awardees will be eligible for reimbursement at 85 percent until all or substantially all of the tasks or work required by the award agreement have been performed or completed. After the awardee has performed or completed or substantially performed or substantially completed the tasks or work required by the award agreement, the final 15 percent of the award amount will be paid after LED or LEDC staff or its designee inspects the project to assure that all or substantially all of the tasks or work required by the award agreement have been performed or completed. Such tasks or work shall be considered substantially performed or substantially completed when LED or LEDC has determined that the benefits to the state anticipated or expected as a result of the project, tasks or work performed have been achieved, even though 100 percent of all stated objectives of the award agreement may not have been fully achieved.

D. Compliance Requirements

1. Companies and public entities shall be required to submit progress reports, describing the progress towards the performance objectives specified in the award agreement. Progress reports by public entity shall include a review and certification of company's hiring records and the extent of company's compliance with contract employment commitments. Further, public entity shall oversee the timely submission of reporting requirements of the company to LED.

2. Award Agreements will contain "clawback" or refund provisions to protect the state in the event of a default. In the event a company or public entity fails to meet its performance objectives specified in its agreement with LED and LEDC, LED and LEDC shall retain the rights to withhold award funds, modify the terms and conditions of the award, and to reclaim disbursed funds from the company and/or public entity in an amount commensurate with the scope of the unmet performance objectives and the foregone benefits to the state. Reclamation shall not begin unless LED or LEDC has determined, after an analysis of the benefits of the project to the state and the unmet performance objectives, that the state has not satisfactorily or adequately recouped its costs through the benefits provided by the project.

3. In the event a company or public entity knowingly files a false statement in its application or in a progress report or other filing, the company or public entity and/or their representatives may be guilty of the offense of filing false public records, and may be subject to the penalty provided for in R.S. 14:133. In the event an applicant, company, public entity, or party to an award agreement is reasonably believed to have filed a false statement in its application, a progress report or any other filing, LED and/or LEDC is authorized to notify the District Attorney of East Baton Rouge Parish, Louisiana, and may also notify any other appropriate law enforcement personnel, so that an appropriate investigation may be undertaken with respect to the false statement and the application of state funds to the project.

4. LED and LEDC shall retain the right to require and/or conduct financial and performance audits of a project, including all relevant records and documents of the company and the public entity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Economic Development Corporation, LR 23:38 (January 1997), amended by the Department of Economic Development, Office of the Secretary, LR 23:1640 (December 1997), LR 25:239 (February 1999), LR 26:238 (February 2000),

amended by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 29:864 (June 2003), LR 31:

§117. Conflicts of Interest

A. No member of Louisiana Economic Development Corporation, employee thereof, or employee of the Louisiana Department of Economic Development, nor members of their immediate families, shall either directly or indirectly be a party to or be in any manner interested in any contract or agreement with either the corporation or the department for any matter, cause, or thing whatsoever by reason whereof any liability or indebtedness shall in any way be created against such corporation or department. If any contract or agreement shall be made in violation of the provisions of this Section, the same shall be null and void, and no action shall be maintained thereon against either the corporation or the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 29:864 (June 2003), amended LR 31:

§119. Reserved.

§121. Reserved.

["General Award Provisions" redesignated to §115]

§123. Reserved.

["Conflicts of Interest" redesignated to §117]

Subchapter B. Economic Development Loan Program (EDLOP)

§131. Economic Development Loan Program (EDLOP); Preamble and Purpose

A. The Economic Development Loan Program (EDLOP) is vital to support, promote and enhance the state's commitment to Economic Development, and the state's long term goals as set forth in *Louisiana: Vision 2020*, which is the long-term Master Plan for Economic Development for the State of Louisiana. This program is a supplement to and an expansion or extension of the already existing Economic Development Award Program (EDAP).

B. The purpose of this program is to assist in the financing or loan funding of privately-owned property and improvements, including the purchase of a building site, the purchase or construction, renovation, rebuilding and improvement of buildings, their surrounding property, and for machinery and equipment purchases and rebuilding, all for business enterprises newly locating in Louisiana or for businesses already existing in this state which are expanding their operations and that require state assistance for such development, rebuilding or other such improvement, and for which LED and LEDC assistance is requested under this program, all of which will promote economic development and provide an incentive to influence a company's decision to locate in Louisiana, maintain or expand its Louisiana operations, or increase its capital investment in Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§133. Definitions

Applicant the company or business enterprise requesting or seeking financial assistance, specifically a loan, from LED and LEDC under this program. The applicant may be, but is not required to be, joined in the application by any other person, public or private entity, as a co-applicant or as a guarantor.

Award funding of financial assistance, specifically a loan, approved under this program for eligible applicants, which is to be repaid with interest over a period of time by the awardee/borrower.

Awardee an applicant, company or business enterprise receiving a loan award under this program.

Borrower the company or business enterprise receiving and accepting a loan award under this program.

Company the business enterprise, being a legal entity duly authorized to do and doing business in the state of Louisiana, in need of loan funding for a project pursuant to these rules, which is undertaking the project or for which the project is being undertaken, and which is seeking or receiving a loan award under this program.

Default the failure to perform a task, to fulfill an obligation, or to do what is required; or the failure to pay, to repay or to meet a financial obligation.

EDLOP the Economic Development Loan Program.

Financed Lease a lease entered into that satisfies the criteria of a lease intended as a security device for the payment or repayment of a debt, a loan or an obligation; in which case the creditor or lender shall be the lessor, the debtor or borrower shall be the lessee, and the installment payments of the loan shall be the lease or rental payments.

Guaranty an agreement, promise or undertaking by a second party to make the payment of a debt or loan or to perform an obligation in the event the party liable in the first instance fails to make payment or to perform an obligation.

LED the Louisiana Department of Economic Development.

LEDC the Louisiana Economic Development Corporation.

LEDC Board the Board of Directors of the Louisiana Economic Development Corporation.

*Loan (*or *Loan Award)* funding of financial assistance approved under this program for eligible applicants, which is to be repaid with interest over a period of time by the awardee/borrower.

Loan Agreement (Award Agreement or Loan Award Agreement) that agreement or contract hereinafter referred to between the company, LED and LEDC through which, by cooperative endeavor agreement or otherwise, the parties set forth the terms and conditions of the loan to be provided pursuant to these Rules, and the performance objectives and requirements of the company as consideration for the award of the loan provided pursuant to the company's application and these Rules.

Loan Participation the sharing by one lender of a part or portion of a loan with another lender or other lenders, whereby the participant or participants may provide a portion of the loan funds, or may purchase a portion of the loan, and which participant or participants would be entitled to share in the proceeds of the loan repayments and interest income.

Program the Economic Development Loan Program (EDLOP), involving such projects that are undertaken by LED, LEDC and the company pursuant to these Rules and the bylaws of LEDC.

Project (or Infrastructure Project) the undertaking for which a loan award is sought and/or is granted hereunder for the purchase of a to be privately-owned building site, or for the purchase, construction, improvement, expansion, renovation, rebuilding or expansion of privately-owned buildings and their surrounding property, including parking facilities, private roads, railroad spurs and utility needs, including electrical, gas, telephone, water and sewerage lines, as well as certain qualified machinery and equipment, for a private entity which will promote economic development, for which LED and LEDC assistance is requested under this program as an incentive to influence a company's decision to locate in Louisiana, maintain or expand its Louisiana operations, and/or increase its capital investment in Louisiana.

Promissory Note a written promise to pay or repay a specified amount of money on a stated date, or within a stated time, in installments, or on demand.

Secretary the Secretary of the Department of Economic Development, who is also the president of LEDC.

Security Interest a lien, incumbrance or mortgage affecting movable or immovable property given by a debtor or borrower in favor of a creditor or lender to assure the debtor's or borrower's payment or repayment of a debt or promise to pay an amount of money, or for the fulfillment or performance of an obligation. A security interest may also be reserved in favor of the creditor or lender in the form of a lease, commonly called a "Financed Lease"; in which case the creditor or lender shall be the lessor, the debtor or borrower shall be the lessee, and the lease or rental payments shall be the installment payments of the loan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§135. General Principles

A. The following general principles will direct the administration of the Economic Development Loan Program.

1. Loan awards are not to be construed as an entitlement for companies locating or located in Louisiana, and are subject to the discretion of the LEDC Board, after considering the recommendation of the Secretary and/or the staff of LED or LEDC.

2. A loan award must reasonably be expected to be a significant factor in a company's location, investment and/or expansion decisions.

3. Loan awards must reasonably be demonstrated to result in an improvement of or enhancement to economic development of the state and the local community wherein the business is or is to be located.

4. The retention and strengthening of existing businesses will be evaluated using the same procedures and criteria, and with the same priority as the recruitment of new businesses to the state.

5. The anticipated economic benefits to the state and the local community will be considered in approving the loan award.

6. The favorable recommendation of the local governing authority wherein the project is or shall be located is expected and will be a factor in the consideration of the loan award.

7. Appropriate cost matching or funds matching by the loan beneficiary, as well as private investors, the local community, local public entities, and/or local governing authority, will be a factor in the consideration of the loan award.

8. Loan funds shall be utilized for the approved project only.

9. Whether or not a loan award will be made is entirely in the discretion of the LEDC Board, after considering the recommendation of the Secretary and/or the staff of the LED or the LEDC, and shall depend on the facts and circumstances of each case, the funds available, funds already allocated, and other such factors as the LEDC Board may, in its discretion, deem to be pertinent. The approval or rejection of any application for a loan award shall not establish any precedent and shall not bind the LEDC Board, the LED Secretary or the staff of LED or LEDC to any course of action with regard to any application.

10. A Loan Award may also take the form of a Loan Participation, wherein LED or LEDC may act as the originator of the loan, and may share or participate a portion of the loan with another lender or other lenders; or LED or LEDC may act as a participant in a loan, and accept a portion or a share of a loan originated by another lender or other lenders.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§137. Eligibility

A. An eligible application for the loan award must be consistent with the general principles set forth in §135 above and the criteria set forth in §139 below, must demonstrate a need for the funding of the project consistent with these rules, and the project must be or will be owned by, and the ownership benefits or rights resulting from the project must inure to the benefit of the applicant company or business enterprise, which will also be the borrower.

B. A company shall be considered ineligible for this program if it has pending or outstanding claims or liabilities relative to failure or inability to pay its obligations, including state or federal taxes, a bankruptcy proceeding, or if it has pending, at the federal, state, or local level, any proceeding concerning denial or revocation of a necessary license or permit, or if the company has another contract with LED or LEDC in which the company is in default and/or is not in compliance. Should a company, after receiving a loan award, fail to maintain its eligibility during the term of the award agreement, the LEDC Board, in its discretion, may terminate the agreement and the award, and may seek a refund of any or all funds previously disbursed under the agreement.

C.1 Businesses not eligible for loans under this program shall include:

a. retail business operations;
b. real estate developments;
c. hospitality operations; or
d. gaming operations.

2. This ineligibility provision shall not apply to wholesale, storage warehouse or distribution centers; catalog sales or mail-order centers; home-office headquarters or administrative office buildings; even though such facilities are related to ineligible business enterprises, provided that

retail sales, hospitality services and gaming activities are not provided directly and personally to individuals in any such facilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§139. Criteria for Projects

A. In addition to the general principles set forth in §135 and the eligibility requirements in §137 above, projects must meet the criteria hereinafter set forth for a loan award under this program.

1. Job Creation and/or Retention and Capital Investment

a. Projects must create or retain at least 10 jobs considered to be permanent jobs, in Louisiana.

b. Consideration will be given for projects having a significant new private capital investment.

c. The number of jobs to be retained and/or created, as stated in the application for projects, and their payroll levels will be strictly adhered to, and will be made an integral part of the loan award agreement.

2. Preference will be given to projects for industries identified by LED or LEDC as targeted industries, and to projects located in areas of the state with high unemployment levels.

3. Preference will be given to projects intended to provide, expand or improve basic structural infrastructure and its use by the company, and secondary consideration will be given to projects involving machinery and equipment purchases or rebuilding.

4. Companies must be in full compliance with all state and federal laws.

5. No assistance may be provided for Louisiana companies relocating their operations to another labor market area (as defined by the U.S. Census Bureau) within Louisiana, except when the company gives sufficient evidence that it is otherwise likely to relocate outside of Louisiana, or the company is significantly expanding and increasing its number of employees and its capital investment.

6. The minimum loan award request size shall be $25,000.

7. Extra consideration will be given for companies paying wages substantially above the prevailing regional wage.

8. If a company does not start the project or begin the purchase or the construction of the project, or make substantial progress toward preparation of architectural and engineering plans and specifications and/or permit applications, or execute purchase orders for machinery and equipment or orders for the rebuilding of machinery and equipment within 120 days after its application approval, the LEDC Board of Directors, at its discretion, may cancel funding for the project, or require reapplication. Copies of written, signed documentation may be required by LED or LEDC demonstrating that the contemplated project has begun or has been started.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§141. Application Procedure for Projects

A. The applicant must submit an application to LED or LEDC by letter or on a form provided by LED or LEDC which shall contain, but not be limited to, the following:

1. a business plan that contains an overview of the company, its history, and the business climate in which it operates, including audited or certified financial statements and business projections;

2. a detailed description of the project to be undertaken, along with the factors creating the need, including the purchase, construction, renovation or rebuilding, operation and maintenance plans, a timetable for the project's completion, and the economic scope of the investment involved in the project;

3. a cash flow analysis of the project, providing detailed support for the use of the funding to be provided, and a proposed repayment schedule for the loan which is consistent with the revenues to be generated by the project;

4. evidence of the number, types and compensation levels of jobs to be created or retained by the company in connection with the project, the period of time for which the company will commit to maintain the new and/or retained jobs, and the amount of capital investment for the project;

5. details of the health insurance coverage that is or will be offered to employees of all levels of the company;

6. a statement or disclosure as to whether or not the company has sought or applied for any other type of financing (public or private) for this project, and the results or disposition of that search and/or application;

7. evidence of the support of the local community and the favorable recommendation of the local governing authority for the applicant's project to be financed by the requested loan award; and

8. any additional information that LED or LEDC may require.

B. The applicant and its application must meet the general principles of §135, the eligibility requirements in §137, and meet the criteria set forth in §139 above, in order to qualify for a loan award under this program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§143. Submission and Review Procedure for Projects

A. An applicant must submit its completed application to LED or to LEDC. Submitted applications will be reviewed and evaluated by the staff of LED or LEDC. Input may be required from the applicant, other divisions of the Department of Economic Development, LEDC, and other state agencies as needed in order to:

1. evaluate the strategic importance of the project to the economic well-being of the state and local communities;

2. validate the information presented; and

3. determine the overall feasibility of the company's plan.

B. An economic cost-benefit analysis of the project, including an analysis of the direct and indirect net economic

impact and fiscal benefits to the state and local communities, including an evaluation based on the Regional Input/Output Model System II (RIMS), or its successor, will be prepared by LED or LEDC.

C. Upon determination that an application meets the general principles of §135, the eligibility requirements under §137, and meets the criteria set forth for this program under §139, the Secretary of LED and/or the staff of LED or LEDC staff will then make a recommendation to the LEDC Board of Directors. The application will then be reviewed and approved or rejected by the LEDC Board in its discretion, after considering the recommendation of the Secretary of LED and/or the staff of LED or LEDC. The cluster director or targeted industry specialist in whose industrial area the applicant company participates may also make a recommendation to the LEDC Board as to the approval or disapproval of the loan award.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§145. General Loan Award Provisions

A. These provisions shall be applicable to loan awards. Loan award agreements resulting from the procedures for loan awards shall demonstrate the intent of the company, the LED, and LEDC to enter into the following.

1. Loan Agreement, Award Agreement or Loan Award Agreement. After a loan award has been approved, a written contract, agreement or cooperative endeavor agreement will be executed between LEDC, acting through the LED, and the company or business enterprise receiving the loan award. The agreement will specify the amount, the terms and conditions of the loan; the performance objectives and requirements the company will be required to meet; and the compliance requirements to be enforced in exchange for state assistance, including, but not limited to, time lines for investment, for performance, job retention and/or creation, as well as the payroll levels of such jobs. Under the agreement, the staff of the LED or LEDC or their area representatives will oversee or monitor the progress of the project. LED or LEDC will disburse funds to the company, the borrower, in a manner determined by LED or LEDC.

2. Promissory Note. When appropriate, the borrower shall execute an appropriate promissory note containing a promise to pay or repay the loan funds with interest; the rate of such interest to be determined by the LEDC Board in its discretion, considering the recommendation of the Secretary and/or the staff of LED or LEDC as to such rate of interest, which rate of interest shall not be less than the then current U.S. Government Treasury Security Rate that coincides with the term or time period of the Loan at the time of the loan award approval, nor more than 2.5 percent above such Treasury Security Rate; and such promissory note may provide for the repayment of such funds on a stated date, or within a stated time, in installments or on demand, as determined by the LEDC Board in its discretion, considering the recommendation of the Secretary and/or the staff of LED or LEDC as to such repayment terms.

3. Security Interest. When appropriate, and if required by the LEDC Board in its discretion, considering the recommendation of the Secretary and/or the staff of LED or LEDC as to such security interest, the borrower shall execute an appropriate security instrument or document providing the LEDC and/or LED a security interest in such movable and/or immovable property or any other assets of the borrower as the LEDC Board shall deem appropriate in the circumstances considering the project and the specific interests and properties relating thereto; such security instrument or document to contain all appropriate, usual, customary, and generally accepted Louisiana security provisions.

4. Financed Lease. When appropriate, and if required by the LEDC Board in its discretion, considering the recommendation of the Secretary and/or the staff of LED or LEDC as to such security interest, the borrower shall execute an appropriate lease for the purpose of financing and providing security for the loan as the LEDC Board shall deem appropriate in the circumstances considering the project and the specific interests and properties relating thereto; such financed lease to contain all appropriate, usual, customary, and generally accepted Louisiana lease and security provisions.

5. Examination/Audit of Books, Records and Accounts. LEDC, LED and the state shall retain and shall have the right to examine/audit all books, records and accounts of the borrower and its project at any time and from time to time, as well as all books, records and assets of any and all guarantors.

6. Guaranties. Should the circumstances warrant, and if required by the LEDC Board in its discretion, considering the recommendation of the Secretary and/or the staff of LED or LEDC as to the need for any such guaranty, a guaranty or guaranties of the borrower's obligation to pay or repay the loan proceeds or any part thereof, or a guaranty or guaranties of the company's obligations to perform any or all of its performance requirements or obligations under the loan award agreement, shall be required from any person or persons, company, companies, business enterprise, or any public entity or governmental authority.

7. Execution of Documents. If a borrower does not execute the appropriate documentation which has been prepared by the staff of LED or LEDC for the loan award transaction within 60 days after the completed documentation has been forwarded to the borrower, the borrower shall be required to appear before the LEDC Board to explain the delay, and the LEDC Board shall have the right to reconsider the loan award, and may either withdraw the loan award or grant an extension of time to the borrower. In the event the borrower does not execute the documentation within the additional time extended to it, the LEDC Board, in its discretion, may withdraw the loan award.

8. Funding

a. Eligible project costs may include, but not be limited to, the following:

i. site (land) and/or building acquisition;

ii. engineering and architectural expenses related to the project;

iii. site preparation;

iv. construction, renovation and/or rebuilding expenses;

v. building materials;

vi. purchases or rebuilding of capital machinery and/or equipment having an Internal Revenue Service (IRS)

depreciable life of at least seven years. If any such eligible machinery and/or equipment to be financed by the loan award is not to be located on property owned by the borrower, the owners, lessors and lessees of such private or public property shall each execute an appropriate written lien waiver or release allowing representatives of LED or LEDC to enter upon such private or public property and remove therefrom any or all of such machinery and/or equipment at any time either the LED or the LEDC shall determine such to be in its security interest to do so.

b. Project costs ineligible for award funds include, but are not limited to:

i. recurrent expenses associated with the project (e.g., operation and maintenance costs);

ii. company moving expenses;

iii. expenses already approved for funding through the General Appropriations Bill, or for cash approved through the Capital Outlay Bill, or approved for funding through the state's capital outlay process for which the Division of Administration and the Bond Commission have already approved a line of credit and the sale of bonds;

iv. refinancing of existing debt; and/or

v. costs related to furniture, fixtures, computers, consumables, transportation equipment, rolling stock, or any machinery and/or equipment having an IRS depreciable life of less than seven years.

9. Loan Participation. If and when appropriate, LED or LEDC, as the originator, may share a part or portion of a loan, with another lender or other lenders, whereby the participant or participants may provide a portion of the loan funds or may purchase a portion of the loan; or LED or LEDC, as a participant, may share in a part or portion of a loan originated by another lender or other lenders, by providing a portion of the loan funds or by purchasing a portion of the loan; in either of which cases the participant or participants shall share in the proceeds of the loan repayments and interest income, and an appropriate loan participation agreement shall be executed between the lenders designating the shares of the parties, outlining the various rights and responsibilities of the parties, providing for the servicing/collecting of the indebtedness, providing for the payment of any fees and reimbursement of any expenses of the servicing party, and containing the usual and customary provisions of such agreements.

B. Allocation of Amount for Loan Awards. Following the appropriation of funds for each fiscal year, the Board of Directors of LEDC shall allocate, and may revise from time to time, the amount of such funds available for Economic Development Loan Awards.

1. Regarding the Amount of Such Loan Awards

a. Matching funds shall be a consideration.

b. The portion of the total project costs financed by the loan award may not exceed:

i. 90 percent for projects located in parishes with per capita personal income below the median for all parishes; or

ii. 75 percent for projects in parishes with unemployment rates above the statewide average; or

iii. 50 percent for all other projects.

c. Other state funds cannot be used as the match for EDLOP funds.

d. All monitoring will be done by the staff of LED or LEDC and/or their regional representatives. Expenditures for monitoring or fiscal agents may be deducted from such loan awards, at the discretion of the LEDC Board, considering the recommendation of the Secretary and/or the staff of the LED or the LEDC as to such deductions.

e. The loan award amount shall not exceed 25 percent of the total funds allocated to the loan awards program during a fiscal year, unless the project creates in excess of 200 jobs, or creates an annual payroll in excess of $3.1 million.

f. The LEDC Board of Directors, in its discretion, considering the recommendation of the Secretary and/or the staff of the LED or the LEDC as to the limitation of the amount of such loan awards, may limit the amount of loan awards to effect the best allocation of resources based upon the number of projects requiring funding and the availability of program funds.

2. Resources shall be allocated by the Board of Directors of LEDC, in its discretion, considering the recommendations of the Secretary and/or the staff of LED or LEDC, in order to effect the best allocation of resources, based upon the number of projects anticipated to require similar funding and the availability of program funds.

C. Conditions for Disbursement of Funds

1. Loan award funds will be available and funded to the borrower pursuant to the loan award agreement following submission of all signed required documentation to LED or LEDC from the company or business enterprise.

2. Program Funding Source

a. If the program is funded through the state's general appropriations bill, only funds spent on the project after the approval of the LEDC Board of Directors will be considered eligible for such loan awards.

b. If the program is funded through a capital outlay bill, eligible expenses cannot be incurred until a cooperative endeavor agreement or loan award agreement (contract) has been agreed upon, signed and executed.

3. Loan award funds will not be available for disbursement until:

a. LED or LEDC receives signed commitments by the project's other financing sources (public and private);

b. LED or LEDC receives signed confirmation that all required technical studies or other analyses (e.g., environmental or engineering studies), and licenses or permits needed prior to the start of the project have been completed, issued and/or obtained, in the event that such are required in connection with the project; and

c. all other closing conditions specified in the loan award agreement have been satisfied.

4. Awardees will be eligible for the advancement of loan funds after all or substantially all of the conditions required by the loan award agreement have been met, performed or completed. After the awardee has met all such conditions, or performed or completed or substantially performed or substantially completed the conditions required by the loan award agreement, the loan amount may be disbursed to the borrower after the staff of LED or LEDC or its designee has determined, or inspects the project, circumstances or documentation to assure that all or substantially all of the conditions required by the loan award

agreement have been met, performed or completed. Such conditions shall be considered substantially met, substantially performed or substantially completed when LED or LEDC has determined, in its discretion, that the benefits to the state or results anticipated or expected as a result of the conditions to be performed have been achieved, even though 100 percent of all stated conditions of the loan award agreement may not have been fully met or achieved.

D. Withdrawal of Loan Award Funds. The borrower must make the first draw of funds on the loan award within six months from the effective date of the loan award agreement (the effective date being the date the loan award was approved by the LEDC Board); otherwise the borrower shall be required to appear before the LEDC Board to explain the delay in the project; and should no funds be drawn within an additional three months from the effective date of the loan award agreement, the borrower shall again be required to appear before the LEDC Board to explain the delay in the project, and the LEDC Board shall have the option and right to reconsider this loan award, and may either withdraw the loan award or grant an extension of time to the borrower. In the event the borrower does not draw any of the loan award funds within the additional time extended to it, the LEDC Board, in its discretion, may withdraw the loan award.

E. Compliance Requirements

1. Companies shall be required to submit to LED or to LEDC periodic progress reports, describing the progress toward the achievement of performance objectives and requirements specified in the loan award agreement. Progress reports shall include a review and certification by the company of its timely promissory note payments, and a review and certification of the company's hiring records and the extent of the company's compliance with contract employment commitments, including number of jobs created and/or retained, and the payroll levels achieved. Copies of the company's Louisiana Department of Labor (LDOL) ES-4 Forms ("Quarterly Report of Wages Paid") filed by the company may be required to be submitted with periodic progress reports or as otherwise requested by LED or LEDC to support the company's reported progress toward the achievement of performance objectives and employment requirements. Further, LED or LEDC staff shall oversee the timely submission of reporting requirements by the company.

2. In the event a company fails to timely start or to proceed with and/or complete its project, or fails to timely meet its note or installment payment obligations, its performance objectives and/or any employment requirements, including but not limited to the retention or creation of jobs or the reaching of payroll levels within the time agreed, as specified in its loan award agreement with LED and LEDC, any such acts, omissions or failures shall constitute a default under the award agreement, promissory note, security instrument or agreement, lease or other document or agreement entered into in connection with the loan award, and LED and LEDC shall retain all rights to withhold loan award funds, modify the terms and conditions of the loan award, to reclaim the unpaid balance of all disbursed loan funds from the company and/or foreclose on its security interest, or in its discretion to reclaim only a portion of the disbursed loan funds in an amount commensurate with the scope of the unmet performance objectives and/or requirements and the foregone benefits to the state. In the last instance, reclamation shall not begin unless LED or LEDC has determined, after an analysis of the benefits of the project to the state and the unmet performance objectives and/or requirements, that the state has not satisfactorily or adequately recouped its costs through the benefits provided by the project. Loan award agreements will contain "clawback" or refund provisions to protect the state in the event of a default.

3. In the event an applicant or company knowingly files a false statement in its application or in a progress report or other filing, the company and/or its representatives may be guilty of the offense of filing false public records, and may be subject to the penalty provided for in R.S. 14:133. In the event an applicant, company or party to an Award Agreement is reasonably believed to have filed a false statement in its application, a progress report or any other filing, LED and/or LEDC shall notify the District Attorney of East Baton Rouge Parish, Louisiana, and may also notify any other appropriate law enforcement personnel, so that an appropriate investigation may be undertaken with respect to the false statement and the application of state funds to the project.

4. LED and LEDC shall retain the right to require and/or conduct, at any time and from time to time, full financial and performance audits of a company and its project, including all relevant accounts, records and documents of the company and/or the guarantor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

§147. Conflicts of Interest

A. No member of Louisiana Economic Development Corporation, employee thereof, or employee of the Louisiana Department of Economic Development, nor members of their immediate families, shall either directly or indirectly be a party to or be in any manner interested in any contract or agreement with either the corporation or the department for any matter, cause, or thing whatsoever by reason whereof any liability or indebtedness shall in any way be created against such corporation or department. If any contract or agreement shall be made in violation of the provisions of this Section, the same shall be null and void, and no action shall be maintained thereon against either the corporation or the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:104, 36:108, 51:2302, 51:2312, and 51:2341.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development; Economic Development Corporation, LR 31:

Family Impact Statement

This proposed Rule should not have any known or foreseeable impact on any family as defined by R.S. 49:972.D, or on family formation, stability and autonomy. There should be no known or foreseeable effect on: the stability of the family; the authority and rights of parents regarding the education and supervision of their children; the functioning of the family; on family earnings and family budget; the behavior and responsibility of children; or the ability of the family or a local government to perform the function as contained in the proposed Rule.

Interested persons may submit written comments to Richard House, Executive Counsel, Legal Division, Louisiana Department of Economic Development, P.O. Box 94185, Baton Rouge, LA 70804-9185; or physically delivered to Capitol Annex Building, Second Floor, 1051 North Third Street, Baton Rouge, LA 70802. All comments must be submitted (mailed and received) by 5 p.m., Friday, March 4, 2005.

Michael J. Olivier
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Economic Development Award Program (EDAP) and Economic Development Loan Program (EDLOP)

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be no incremental costs or savings to state or local governmental units due to the implementation of these Rules into this program. Current staff of the department will be sufficient to process and monitor these Rules within this program. There will be no increase in costs or savings. Funding for this program will come from the regular authorized appropriations received by the department and the Economic Development Fund.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no expected impact on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no anticipated additional costs to directly affected persons or nongovernmental groups. The economic benefits of such Rules will inure to new or expanding Louisiana-based businesses which will make new investments or increase their existing investment in Louisiana-based economic development projects, which will create and/or retain jobs for Louisiana citizens. These Rules are intended to take advantage of opportunities for business development in Louisiana, provide assistance in the formation and expansion of businesses in Louisiana, encourage the creation of quality jobs, increase the state's production capabilities, and increase the diversification of the state's economy; all of which will enhance and expand economic development throughout Louisiana and improve the standard of living and the quality of life of Louisiana citizens.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Investments by new and expanding Louisiana-based businesses and contemplated by the Rule will enhance this state's economic development through the formation of new and the expansion of existing businesses, which investments in Louisiana will help create and/or retain jobs for Louisiana citizens and thereby enhance and expand economic development throughout Louisiana. By taking advantage of such business opportunities which may otherwise be exported out of Louisiana, local development, expansion and operation of such businesses will create increased competition among businesses and correspondingly increase employment prospects for Louisiana residents throughout the state.

Richard House	Robert E. Hosse
Executive Counsel	General Government Section Director
0501#092	Legislative Fiscal Office

NOTICE OF INTENT

Student Financial Assistance Commission
Office of Student Financial Assistance

Scholarship/Grant Programs Rockefeller Scholarship
(LAC 28:IV. 501, 506, and 2103)

The Louisiana Student Financial Assistance Commission (LASFAC) announces its intention to amend its Scholarship/Grant Rules (R.S. 17:3021-3025, R.S. 3041.10-3041.15, R.S. 17:3042.1, R.S. 17:3048.1 and R.S. 17:3050.1 - 3050.4).

The proposed Rule has no known impact on family formation, stability, or autonomy, as described in R.S. 49:972.

The text of this proposed Rule may be viewed in the Emergency Rule section of this *Louisiana Register*.

Interested persons may submit written comments on the proposed changes until 4:30 p.m., February 10, 2005, to Jack L. Guinn, Executive Director, Office of Student Financial Assistance, P.O. Box 91202, Baton Rouge, LA 70821-9202.

George Badge Eldredge
General Counsel

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Scholarship/Grant ProgramsCRockefeller Scholarship

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no estimated implementation costs or savings to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Revenue collections of state and local governments will not be affected by the proposed changes.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no estimated effects on economic benefits to directly affected persons or non-governmental groups resulting from these measures.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There are no anticipated effects on competition and employment resulting from these measures.

George Badge Eldredge	H. Gordon Monk
General Counsel	Staff Director
0501#004	Legislative Fiscal Office

NOTICE OF INTENT

Department of Environmental Quality
Office of Environmental Assessment

Designated Uses and Criteria for Cypress Island Coulee Wetland (LAC 33:IX.1123) (WQ059)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that rulemaking procedures have been

initiated to amend the Water Quality regulations, LAC 33:IX.1123 (Log #WQ059).

The proposed Rule establishes Cypress Island Coulee Wetland as subsegment 060806, located west of St. Martinville. Site-specific criteria and designated uses have been established for Cypress Island Coulee Wetland based on a scientific study conducted from February 2003 to August 2004. Results of the study are summarized in a Use Attainability Analysis (UAA) report entitled "St. Martinville Wetland Wastewater Assimilation Use Attainability Analysis." LAC 33:IX.1123 contains numerical criteria and designated uses of water bodies and is being revised to include Cypress Island Coulee Wetland, subsegment 060806. A UAA with supportive technical rationale has been developed that supports the implementation of a wastewater discharge and assimilation in Cypress Island Coulee Wetland. This action is required to establish site-specific criteria and designated uses for Cypress Island Coulee Wetland in the Water Quality Standards. The UAA characterized the chemical, physical, and biological factors of Cypress Island Coulee Wetland. Also included in the UAA are water quality analysis, sediment characterization, vegetation composition, hydrology, and productivity analysis. This data establishes base conditions and criteria to support water uses in the Cypress Island Coulee Wetland.

According to the regulations, a UAA is defined as a structured scientific assessment of the factors (chemical, physical, biological, and economic) affecting the attainment of designated uses in a water body. [See 40 CFR 131.3(g) and LAC 33:IX.1105.] The UAA process is described in 40 CFR 131.10 and LAC 33:IX.1109.B.3. It entails the methodical collection of data that is then scientifically analyzed and summarized and used to establish site-specific uses and criteria. The basis and rationale for this proposed rule are to establish numerical criteria for the new Cypress Island Coulee Wetland, subsegment 060806, based on the Use Attainability Analysis.

This proposed Rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33
Environmental Quality
Part IX. Water Quality
Subpart 1. Water Pollution Control
Chapter 11. Surface Water Quality Standards
§1123. Numerical Criteria and Designated Uses

A. - C.2. …

3. Designated Uses. The following are the category definitions of designated uses that are used in Table 3 under the subheading "Designated Uses."

A Primary Contact Recreation
B Secondary Contact Recreation
C Fish and Wildlife Propagation
L Limited Aquatic Life and Wildlife Use
D Drinking Water Supply
E Oyster Propagation
F Agriculture
G Outstanding Natural Resource Waters

Numbers in brackets, e.g. [1], refer to endnotes listed at the end of the table.

Table 3. Numerical Criteria and Designated Uses

A-Primary Contact Recreation; B-Secondary Contact Recreation; C-Fish and Wildlife Propagation; L-Limited Aquatic Life and Wildlife Use; D-Drinking Water Supply; E-Oyster Propagation; F-Agriculture; G-Outstanding Natural Resource Waters

Code	Stream Description	Designated Uses	Numerical Criteria						
			CL	SO_4	DO	pH	BAC	°C	TDS
* * * [See Prior Text in 010101 – 050901]									
Vermillion-Teche River Basin (06)									
* * * [See Prior Text in 060101 – 060805]									
060806	Cypress Island Coulee Wetland—Forested wetland located in St. Martin Parish, 2 miles west of St. Martinville, 0.5 mile north of La. Hwy. 96, west of Bayou Teche and east of the Vermilion River	BC	[23]	[23]	[23]	[23]	2	[23]	[23]
* * * [See Prior Text in 060901 – 120806]									

ENDNOTES:

[1] – [24] …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2074(B)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 15:738 (September 1989), amended LR 17:264 (March 1991), LR 20:431 (April 1994), LR 20:883 (August 1994), LR 21:683 (July 1995), LR 22:1130 (November 1996), LR 24:1926 (October 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 25:2405 (December 1999), LR 27:289 (March 2001), LR 28:462 (March 2002), LR 28:1762 (August 2002), LR 29:1814, 1817 (September 2003), LR 30:1474 (July 2004), amended by the Office of Environmental Assessment, LR 30:2468 (November 2004), LR 31:

A public hearing will be held on February 24, 2005, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room C111, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals

with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Free parking is available across the street in the Galvez parking garage when the parking ticket is validated by department personnel at the hearing.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by WQ059. Such comments must be received no later than March 3, 2005, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of Environmental Assessment, Regulation Development Section, Box 4314, Baton Rouge, LA 70821-4314 or to fax (225) 219-3582 or by e-mail to judith.schuerman@la.gov. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of WQ059. This regulation is available on the Internet at http://www.deq.louisiana.gov/planning/regs/index.htm.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 201 Evans Road, Building 4, Suite 420, New Orleans, LA 70123; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374.

Wilbert F. Jordan, Jr.
Assistant Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Designated Uses and Criteria for Cypress Island Coulee Wetland

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This proposed rule is expected to have no significant effect on state or local governmental expenditures.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No significant effect on state or local governmental revenue collections is anticipated.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

No significant costs and/or economic benefits to directly affected persons or non-governmental groups are anticipated.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No significant effect on competition or employment is anticipated.

Wilbert F. Jordan, Jr.	Robert E. Hosse
Assistant Secretary	General Government Section Director
0501#091	Legislative Fiscal Office

NOTICE OF INTENT

Department of Environmental Quality
Office of Environmental Assessment

Numerical Criterion of Sulfates
for Bayou Anacoco Subsegment 110507
(LAC 33:IX.1123)(WQ058)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that rulemaking procedures have been initiated to amend the Water Quality regulations, LAC 33:IX.1123 (Log #WQ058).

The proposed Rule revises the numerical criterion of sulfates from 200 milligrams per liter (mg/L) to 300 mg/L that applies to Bayou Anacoco subsegment 110507, in the Sabine River Basin. LAC 33:IX.1123 contains numerical criteria and designated uses of water bodies, including Bayou Anacoco subsegment 110507. A Use Attainability Analysis (UAA) was conducted on Bayou Anacoco subsegment 110507 to determine the uses and criteria the water body can attain. According to the regulations, a UAA is defined as "a structured scientific assessment of the factors (chemical, physical, biological, and economic) affecting the attainment of designated uses in a water body." (See 40 CFR 131.3(g) and LAC 33:IX 1105.) The UAA process is described in 40 CFR 131.10 and LAC 33:IX.1109.B.3. It entails the methodical collection of data that is then scientifically analyzed and summarized and used to establish site-specific uses and criteria. The UAA for Bayou Anacoco characterizes the chemical, physical, and biological factors of Bayou Anacoco. Also included in the UAA is historic information related to sulfate loading issues in Bayou Anacoco. Based on the information gathered in the UAA, increasing the sulfate numerical criterion from 200 to 300 mg/L will maintain and protect the designated uses of primary or secondary contact recreation and propagation of fish and wildlife for Bayou Anacoco. The basis and rationale for the Rule are to establish new site-specific numerical criterion of sulfates that applies to Bayou Anacoco subsegment 110507, based on the Use Attainability Analysis.

This proposed Rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33
Environmental Quality
Part IX. Water Quality
Subpart 1. Water Pollution Control
Chapter 11. Surface Water Quality Standards
§1123. Numerical Criteria and Designated Uses

A. - C.2. …

3. Designated Uses. The following are the category definitions of designated uses that are used in Table 3 under the subheading "Designated Uses."

A Primary Contact Recreation
B Secondary Contact Recreation
C Fish and Wildlife Propagation
L Limited Aquatic Life and Wildlife Use
D Drinking Water Supply
E Oyster Propagation
F Agriculture
G Outstanding Natural Resource Waters

Numbers in brackets, e.g. [1], refer to endnotes listed at the end of the table.

Table 3. Numerical Criteria and Designated Uses									
A-Primary Contact Recreation; B-Secondary Contact Recreation; C-Fish and Wildlife Propagation; L-Limited Aquatic Life and Wildlife Use; D-Drinking Water Supply; E-Oyster Propagation; F-Agriculture; G-Outstanding Natural Resource Waters									
Code	Stream Description	Designated Uses	Numerical Criteria						
			CL	SO_4	DO	pH	BAC	°C	TDS
* * * [See Prior Text in 010101 – 101607]									
Sabine River Basin (11)									
* * * [See Prior Text in 110101 – 110506]									
110507	Bayou Anacoco—From Cypress Creek to Sabine River Confluence	ABC	150	300	5.0	6.0-8.5	1	32	1,000
* * * [See Prior Text in 110601 – 120806]									

ENDNOTES:

[1] – [24] …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2074(B)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 15:738 (September 1989), amended LR 17:264 (March 1991), LR 20:431 (April 1994), LR 20:883 (August 1994), LR 21:683 (July 1995), LR 22:1130 (November 1996), LR 24:1926 (October 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 25:2405 (December 1999), LR 27:289 (March 2001), LR 28:462 (March 2002), LR 28:1762 (August 2002), LR 29:1814, 1817 (September 2003), LR 30:1474 (July 2004), amended by the Office of Environmental Assessment, LR 30:2468 (November 2004), LR 31:

A public hearing will be held on February 24, 2005, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room C111, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Free parking is available across the street in the Galvez parking garage when the parking ticket is validated by department personnel at the hearing.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by WQ058. Such comments must be received no later than March 3, 2005, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of Environmental Assessment, Regulation Development Section, Box 4314, Baton Rouge, LA 70821-4314 or to fax (225) 219-3582 or by e-mail to judith.schuerman@la.gov. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of WQ058. This regulation is available on the Internet at http://www.deq.louisiana.gov/planning/regs/index.htm.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 201 Evans Road, Building 4, Suite 420, New Orleans, LA 70123; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374.

Wilbert F. Jordan, Jr.
Assistant Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Numerical Criterion of Sulfates for Bayou Anacoco Subsegment 110507

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This proposed rule is expected to have no significant effect on state or local governmental expenditures.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No significant effect on state or local governmental revenue collections is anticipated.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

No significant costs and/or economic benefits to directly affected persons or non-governmental groups are anticipated.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No significant effect on competition or employment is anticipated.

Wilbert F. Jordan, Jr.
Assistant Secretary
0501#085

Robert E. Hosse
General Government Section Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Environmental Quality
Office of Environmental Assessment

Transportation Conformity Incorporation by Reference
(LAC 33:III.1432)(AQ247*)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that rulemaking procedures have been initiated to amend the Air regulations, LAC 33:III.1432 (Log #AQ247*).

This proposed Rule is identical to federal regulations found in 69 FR 40004-40081, No. 126 (July 1, 2004) and 69 FR 43325-43327, No. 138 (July 20, 2004), which are applicable in Louisiana. For more information regarding the federal requirement, contact the Regulation Development Section at (225) 219-3550 or Box 4314, Baton Rouge, LA 70821-4314. No fiscal or economic impact will result from the proposed Rule; therefore, the Rule will be promulgated in accordance with R.S. 49:953(F)(3) and (4).

This rule revision incorporates by reference two federal transportation conformity rule amendments (as amended through July 20, 2004) into the state's existing transportation conformity regulations. The two federal amendments to 40 CFR Part 93 were promulgated by EPA to include conformity criteria and procedures for the new 8-hour ozone and fine particulate matter (PM2.5) national ambient air quality standards (NAAQS). This Rule is also a revision to the state implementation plan (SIP) for transportation conformity.

On July 1, 2004, EPA published a final rule in the Federal Register (69 FR 40004) that substantially amends and revises the 40 CFR Part 93 transportation conformity regulation. This final Rule also revises "the conformity regulation in the context of EPA's broader strategies for implementing the new ozone and PM2.5 standards." Subsequent to the July 1, 2004, conformity regulation amendments, EPA published a related amendment in 69 FR 43325 (July 20, 2004) that corrects two errors discovered in the preamble of the final Rule. The corrections include revisions to a table in Section II.D of the preamble. The basis and rationale for this rule revision are to mirror the federal transportation conformity regulations as amended through July 20, 2004. Transportation conformity is required under Clean Air Act, Section 176(c) to ensure that federally supported highway and transit project activities conform to the purpose of a state air quality implementation plan (SIP).

This proposed Rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33
ENVIRONMENTAL QUALITY
Part III. Air

Chapter 14. Conformity

Subchapter B. Conformity to State or Federal Implementation Plans of Transportation Plans, Programs, and Projects Developed, Funded, or Approved under Title 23 U.S.C. or the Federal Transit Act

§1432. Incorporation by Reference

A. 40 CFR Part 93, Subpart A, July 1, 2004, is hereby incorporated by reference with the exclusion of Section 105. Also incorporated by reference are amendments published in the *Federal Register* on July 1, 2004 (69 FR 40004-40081, No. 126) and July 20, 2004 (69 FR 43325-43327, No. 138).

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 24:1280 (July 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 27:2229 (December 2001), LR 28:994 (May 2002), LR 29:697 (May 2003), LR 30:1009 (May 2004), amended by the Office of Environmental Assessment, LR 31:

A public hearing will be held on February 24, 2005, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room C111, 602 N. Fifth Street, Baton Rouge, LA 70802. The hearing will also be for the revision to the State Implementation Plan (SIP) to incorporate this proposed Rule. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Free parking is available across the street in the Galvez parking garage when the parking ticket is validated by department personnel at the hearing.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by AQ247*. Such comments must be received no later than February 24, 2005, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of Environmental Assessment, Regulation Development Section, Box 4314, Baton Rouge, LA 70821-4314 or to fax (225) 219-3582 or by e-mail to judith.schuerman@la.gov. The comment period for this Rule ends on the same date as the public hearing. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of AQ247*. This regulation is available on the Internet at http://www.deq.louisiana.gov/planning/regs/index.htm.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall

Street, Lake Charles, LA 70615; 201 Evans Road, Building 4, Suite 420, New Orleans, LA 70123; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374.

Wilbert F. Jordan, Jr.
Assistant Secretary

0501#086

NOTICE OF INTENT

Office of the Governor
Motor Vehicle Commission

Motor Vehicle Sales Finance
(LAC 46:V.Chapters 71-79)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., Revised Statutes Title 32, Chapter 6, and Revised Statutes Title 6, Chapter 10-B, the Office of the Governor, Louisiana Motor Vehicle Commission, notice is hereby given that the Louisiana Motor Vehicle Commission proposes to adopt rules and regulations governing the providers of credit in the financing of motor vehicles in accordance with R.S. 6:696.1 et seq., thus providing guidance as to the application for the Motor Vehicle Sales Finance Act.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part V. Automotive Industry
Subpart 3. Motor Vehicle Sales Finance

Chapter 71. General Provisions

§7101. Louisiana Motor Vehicle Commission

A. The Louisiana Motor Vehicle Sales Finance Act is administered by the Louisiana Motor Vehicle Commission.

B. The office and domicile of the Louisiana Motor Vehicle Commission is 3519 Twelfth Street, Metairie, LA 70002.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7103. Definitions

Chapter R.S. 6:969.1 et seq.

Commission Louisiana Motor Vehicle Commission.

Consumer Credit Sale the sale of a motor vehicle on credit under which the seller acquires a purchase money security interest in the purchased vehicle, and incident to which a credit service charge is charged and the consumer is permitted to defer all or part of the purchase price or other consideration in two or more installments excluding the down payment. A *consumer credit sale* does not include a lease of a motor vehicle under any circumstance, whether or not the lease constitutes a true lease or financed lease within the context of the Louisiana Lease of Movables Act, R.S. 9:3301 et seq. A consumer credit sale may be secured by other collateral in addition to the purchased vehicle.

Consumer Loan a loan of money or its equivalent made by a lender, the proceeds of which are used by the consumer to purchase or refinance the purchase of a motor vehicle, or which proceeds are used for personal, family, or household purposes, including debts created by the use of a lender credit card, revolving loan account, or similar arrangement, as well as insurance premium financing, with the lender acquiring a purchase money security interest in the purchased motor vehicle. A consumer loan may be secured by other collateral in addition to the purchased vehicle. The provisions of this Paragraph shall not apply to a consumer loan made pursuant to the Louisiana Deferred Presentment and Small Loan Act, R.S. 9:3578.1 et seq.

Person an individual or corporation, partnership, limited liability company, trust, association, joint venture pool, syndicate, sole proprietorship, unincorporated organization, or any other form of entity not specifically listed herein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

Chapter 73. Licensing

§7301. License Requirement and Exception

A.1. No person unless exempt from licensing under R.S. 6.969.36 shall engage in the business of:

a. making consumer loans or the origination of consumer credit sales;

b. taking assignments of and undertake direct collection of payments from or enforcing rights against consumers under a consumer loan or consumer credit sale;

2. without first filing an application, paying a non-refundable application fee and obtaining a license from the commission. An assignee may, however, collect and enforce consumer obligations of which it has taken assignment for three months without a license if the assignee notifies the commission in writing, the assignee promptly applies for a license, and the application is not rejected.

B. A license is required whether or not the applicant has one or more offices in this state.

C. A license is required for each office maintained in this state. If a licensee makes direct consumer loans to consumers at a seller's location, that location is not deemed to be a branch office of the lender.

D. All of the following shall be exempt from the licensing requirements of this Chapter:

1. supervised financial organizations;

2. trusts and trustee, including without limitation securitization trusts and trustees;

3. assignees with no offices in this state holding motor vehicle contracts on an interim basis for a period of 90 days or less;

4. governmental agencies, instrumentalities, or public entities organized by Act of Congress or the Legislature of Louisiana;

5. qualified pension plans when entering into an extension of credit to a plan participant;

6. bona fide pledgees of motor vehicle credit contracts;

7. persons holding motor vehicle contracts for servicing or collection on behalf of the actual owner of such obligations;

8. licensed new motor vehicle dealers to the extent that they regularly sell, assign, and transfer contracts originated by them to third party assignees within 60 days following origination. A licensed new motor vehicle dealer may retain at any one time, and from time to time thereafter, a maximum of 12 contracts for its own account without being subject to the licensing requirements of this Chapter.

E. The commission may waive the licensing and examination requirements for a subsidiary of an entity as described in Paragraph D.1.

F. The application shall be in writing, under oath, and in the form prescribed by the commission. The application shall contain: the name of the applicant; date of incorporation, if incorporated, date of formation if a partnership or limited liability company or other entity; the address where the business is to be conducted and similar information as to any branch office of the applicant in this state; the name and resident address of the owner, members or partners or, if a corporation or association, of the directors, trustees, and principal officers; and such other pertinent information as the commission may require to make an evaluation of the applicant.

G. No license shall be issued unless the commission, upon investigation, finds that the financial responsibility, business integrity and ability to properly conduct the business by the applicant's owner, partners if the applicant is a partnership, members if the applicant is a limited liability company, officers and directors if the applicant is a corporation, and the applicant if a sole proprietorship are such to warrant a belief that the business shall be conducted honestly and fairly within the purposes of this Chapter and they each meet the following requirements:

1. be 18 years of age or older and a citizen of the United States or a resident alien holding proper documentation to work in the United States;

2. be of good character and fitness; and

3. not been convicted of a felony in the previous ten years, notwithstanding that the conviction was expunged, set aside, or received a first offense pardon. The only felony conviction which shall not be considered for purposes of this Chapter is one which received a governor's or presidential pardon.

H. No license shall be issued in any name other than its legal name or assumed name properly filed in accordance with the statutes of this state and set forth in the license application. No license shall be issued in any name which may be confused with or which is similar to any federal, state, parish, or municipal governmental function or agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant, or in any name which is the same as or so similar to that of any existing license as would tend to deceive the public, or in any name which would otherwise tend to be deceptive or misleading.

I. Each license expires December 31 and must be renewed annually by the licensee.

J. No license shall be sold or otherwise transferred.

K. A licensee shall give the commission 30 days prior written notice of any location change.

L. A licensee shall notify the commission in writing within 30 days after ceasing to do business in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7303. Denial of License

A. The applicant shall be entitled to a hearing on the question of his qualifications for a license if the applicant requests such in writing to the commission and either of the following have occurred.

1. The applicant has received notification from the commission that his application has been denied.

2. The commission has not issued to the applicant a license and it has been 60 days since the date that the application for the license was filed with the commission.

B. The denial notice from the commission to the applicant shall be in writing and shall state, in substance, the commission's findings supporting the denial of the application. Such notice shall be sent certified mail, return receipt requested, to the primary business address on the application.

C. A request for a hearing based on the denial of an application must be received by the commission, in writing, within 15 days of the date that the commission mailed the denial notice to the applicant.

D. Upon receipt of the request for a hearing, the commission shall give the applicant at least 30 days written notice of the time and place of such hearing by certified mail addressed to the primary business address on the application.

E. The hearing will be conducted in accordance with the Administrative Procedure Act and the rules and regulations of the commission.

F. Within 30 days after a denial or revocation of a license, the licensee may apply for a review thereof by application to the district court for the parish of Jefferson in accordance with the Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7305. Renewal Application

A. Annually by November 1 each licensee shall file a renewal application and pay a non refundable renewal fee.

1. An annual renewal application received by the commission postmarked after December 1 shall be accompanied by a late filing fee, in addition to the annual renewal fee.

2. If the annual renewal application and renewal fee are not received postmarked by December 31, the license shall lapse without a hearing or notification, and the license shall not be reinstated; however, the person whose license has lapsed may apply for a new license. No new license shall be issued upon the filing of a new application by any person against whom any penalty or late fee has been imposed unless and until such penalty or late fee previously accrued under this Section has been paid, and the commission has determined that the applicant has the requisite qualifications for a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7307. Suspension, or Revocation of License

A. Renewal of a license originally granted under this Chapter may be denied or a license may be suspended or revoked by the commission for any of the following grounds:

1. material misstatements in the application for a license;

2. failure to comply with any provision of this Chapter relating to motor vehicle credit transactions;

3. defrauding any consumer purchaser of a motor vehicle to the consumer's damage;

4. fraudulent misrepresentation, circumvention, or concealment by the licensee through whatever subterfuge or device of any of the material particulars or the nature thereof required to be stated or furnished to the purchasing consumer under this Chapter.

B. If the licensee is a person, it shall be sufficient cause for the suspension or revocation of a license that any officer, director, trustee, partner, or member of the licensee has so acted or failed to act as would be cause for suspending or revoking the license to such party as an individual.

C. Each licensee shall be responsible for the acts of any and all of its employees while acting as its agent, if such licensee after actual knowledge of such acts retained the benefits, proceeds, profits, or advantages accruing from such acts or otherwise ratified such acts.

D. No license shall be suspended or revoked by the commission except after a hearing in the form of an order to show cause. The commission shall give the licensee at least 30 days written notice of the time and place of such hearing which notice shall contain the grounds for the suspension or revocation of the license. The notice shall be sent by certified mail, return receipt requested, addressed to the primary business address on the application.

E. Any order suspending or revoking such license shall recite the grounds upon which the same is based. The order shall be entered upon the records of the commission and shall not be effective until after 30 days written notice thereof given after such entry forwarded by certified mail to the licensee at such primary business address on the application.

F. No revocation, suspension, or surrender of any license shall impair or affect the obligation under any motor vehicle credit contract or agreement entered into or acquired previously thereto by the licensee.

G. The hearing will be conducted in accordance with the Administrative Procedure Act and the rules and regulations of the commission.

H. Within 30 days after such suspension or revocation of a license, the licensee may apply for a review thereof by application to the district court for the parish of Jefferson in accordance with the Administrative Procedure Act.

I. Prior to the institution of commission proceedings regarding the revocation, suspension, annulment, or withdrawal of a license, when such action must be accomplished pursuant to the Administrative Procedure Act, R.S. 49:950 et seq.

1. The commission shall give notice by mail to the licensee, setting forth the facts or conduct which serve(s) as the commission's basis for such action. The notice shall advise the licensee that he is being offered an opportunity to participate in an informal meeting with a representative of the commission to show compliance with all lawful requirements for retention of the license, in conformity with R.S. 49:961(C).

2. The licensee shall have 15 calendar days from receipt of such notice to request, in writing, an informal meeting. Such informal meeting shall be held not less than 10 days nor more than 30 days following receipt of the licensee's request for the meeting, unless the commission determines that an extension is warranted.

3. Notwithstanding any other provision of this rule, if the commission finds that the public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in an order to the licensee, summary suspension may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7309. Fees

A. All fees are non refundable.

B. License application fee per location $400.00.

C. License renewal fee and late penalty per location $400.00; late fee $100.00.

D. Change of location no charge.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

Chapter 75. Examination and Record Retention

§7501. Examination

A. The commission shall have the power to examine all books, records and accounts of all persons licensed under this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7503. Records Retention

A. Each person required to be licensed under this Chapter shall maintain in its offices such books, records and accounts of its lending activities as the commission may prescribe by policy as required to determine whether such licensee is complying with the provisions of this Chapter and the rules, regulations and policies promulgated under the provisions of this Chapter included by not limited to the following:

1. the original or a copy of all documentation signed by the consumer, including but not limited to:
   a. note;
   b. disclosure statement;
   c. financing statement (or equivalent);
2. individual account of the borrower (ledger card or printable computer screen) showing the following:
   a. amount of loan;
   b. origination date;
   c. repayment terms;
   d. insurance charges, whether sold in connection with the loan or not;
   e. total finance charge;
   f. annual contractual percentage rate;
   g. date, amount and application of each payment;
   h. date and amount of late charges assessed;
   i. date and amount of deferral charges;
   j. remaining unpaid balance;
   k. due date of first payment;
   l. all changes in due date of payment;
3. all paid out accounts (including those paid out by renewal) must be filed separately and contain the following:
   a. interest rebate;
   b. itemized rebate of all insurance premiums;
4. accounts turned over to an attorney for collection:

a. amount paid to attorney, including court costs and attorney fees shown as separate charges;

b. receipt from Clerk of Court, evidencing court costs;

5. accounts reduced to judgment:

a. same documents as for attorney accounts;

b. receipt from Clerk of Court, evidencing any additional court costs;

c. copy of signed judgment;

6. death claims:

a. copy of death certificate;

b. copy of all checks or other evidence of payment received from insurance company in payment of claim;

c. copy of check evidencing payment to secondary beneficiary, where applicable;

7. insurance records:

a. copy of master policy for each type of insurance sold to consumers;

b. copy of rates approved by the Insurance Rating Commission, except for those established by the Louisiana Motor Vehicle Sales Finance Law;

c. lenders will be expected to provide proof of compliance as set out by the commissioner of insurance;

d. proof of remittance of premiums to the previous underwriter;

8. paid out accounts containing errors cited at the previous examination:

a. must be separately filed or identified;

b. must contain proof of correction of error, including copies of refund checks issued to consumers;

9. any other records that may be deemed necessary by the commission to determine compliance with the provisions of the Louisiana Motor Vehicle Sales Finance Law.

B. Period for Retention of Records. All records must be retained for at least two years after the account is paid in full, or any insurance coverage remaining in force after the account has been paid has lapsed, unless required by law to be retained for a longer period. Records are required to be kept indefinitely during the pendency of an investigation or enforcement proceedings involving alleged violations.

C. Variance. After considering the particular facts and circumstances of an individual licensed lender's recordkeeping procedures, and the public interest in promoting the efficiency and effectiveness of compliance examinations, the commission may formally grant a variance to a licensed lender to any requirement in this rule.

D. Such books, records, and accounts shall be maintained separate and apart from any other business which the agency is involved. If the licensee's books, records, and accounts are located outside the state, the licensee, at the commission's option, shall make them available to the commission at a location within the state convenient to the commission, or pay the reasonable and necessary expenses for the commission or its representatives to examine them at the place where they are maintained.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

Chapter 77. GAP Coverage

§7701. Definition

A. GAP coverage covers a consumers deficiency balance between the net payoff of the consumers loan retail installment sales contract at the time of a loss and the amount paid by the consumers primary insurance after a vehicle is deemed a total loss due to any direct or accidental physical damages or unrecovered theft.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7703. Types of Coverage

A. Guaranteed Auto Protection (GAP) offered by a Property and Casualty (P&C) company licensed and regulated by the Louisiana Department of Insurance.

B. Guaranteed Auto Protection (GAP) offered by a Property Residual Value Insurer (PRVI) licensed and regulated by the Louisiana Department of Insurance.

C. Debt waiver or debt forgiveness agreements regulated by the commission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7705. Offer of Coverage

A. The seller shall and the extender of credit may offer a consumer the option of voluntarily purchasing GAP coverage in a transaction involving a consumer loan or consumer credit sale secured by a motor vehicle.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7707. Debt Waiver or Debt Forgiveness Agreement

A. Debt waiver or debt forgiveness is an agreement whereby a extender of credit agrees with the consumer to waive any unpaid balance on a consumer loan or consumer credit sale due to a physical damage total loss or constructive loss or unrecovered theft to the covered collateral secured by an eligible security device.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7709. Insurance Coverage

A. An extender of credit may insure its debt waiver or debt forgiveness agreement by an insurance company licensed by the Louisiana Department of Insurance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7711. Debt Waiver or Debt Forgiveness Requirements

A. The retail installment sales contract must have an addendum where upon the extender of credit agrees to waive the consumers debt for the difference between the amount paid by the consumers primary insurance and the net payoff of the contract.

B. There shall be a clear statement in the waiver form that is given to the consumer that the consumers debt is waived. The following is an example:

> The extender of credit hereby agrees, by acceptance of this Addendum as an amendment to the Retail Installment Sales Contract upon assignment, to waive the consumers liability for the difference between the amount owed (excluding past due amounts, payment extensions, insurance or other charges) under the consumers retail installment sales contract and the actual cash value of the consumers vehicle as of the date of the

total loss of the consumers vehicle resulting from a peril covered by the consumers primary insurance company.

C. The consumer shall have the right to cancel the debt waiver or debt forgiveness agreement and shall be entitled to a refund of the premium paid no less favorable to the consumer than the Rule of 78's or pro-rata.

D. The agreement shall contain a statement of how the unpaid net balance is determined. In making this determination, unearned interest, loan charges, late charges, any delinquent payments, any uncollected service charges, refundable prepaid taxes or fees or any other proceeds the consumer may recover by cancelling insurance coverages, service contracts or warranties, disposition fees, termination fees, penalty fees or other items built into or added to the initial loan balance are not covered by the agreement.

E. There shall be no deductible provision in the agreement.

F. There may be a limited waiver of subrogation which shall apply only to sums actually paid or waived on behalf of the consumer.

G. The claim shall be paid within 60 days of the incident or 30 days from filing of the police report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7713. Filing

A. No person shall offer for sale a debt waiver or debt forgiveness agreement in this state until its sale materials, agreements, insurance policies and any and all documents used in connection with its offer and sale of such agreements shall be filed with the commission.

B. Within 30 days of the receipt of the filing, the commission will notify the filing party of any additional requirements or grant its approval for the sale of the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

Chapter 79. Powers of Commission

§7901. Subpoenas and Oaths

A. The commission shall have the power to issue subpoenas to compel the attendance of witnesses and the production of documents, papers, books, records, and other evidence before it in any matter over which it has jurisdiction, control, or supervision pertaining to this Chapter. The commission shall have the power to administer oaths and affirmations to any person whose testimony is required.

B. Whenever a person becomes licensed by the commission, pursuant to this Chapter, such person shall provide a physical address to the commission that may be used as a basis for service or notification of any order or other issuance or communication by the commission to such person. Whenever such person changes his physical address, it shall notify the commission at least 30 days prior to the change. Notification or service of any order, notice, or other issuance or communication by the commission by certified mail to the address most recently provided to the commission by the person shall satisfy all requisites of service required for any registration, administrative enforcement, or other action, undertaken by the commission pursuant to the Administrative Procedure Act or otherwise, in connection with such person.

C. If any person shall refuse to obey any such subpoena, to give testimony, or to produce evidence thereby, the commission may apply to the 24th Judicial District Court for the Parish of Jefferson for an order awarding process of subpoena or subpoena duces tecum out of the district court for the witness to appear before the commission and to give testimony and to produce evidence as required thereby.

D. If any person served with any such subpoena shall refuse to obey the same and to give testimony and to produce evidence as required there, the commission may apply to the 24th Judicial District Court for the Parish of Jefferson for an attachment against such person, as for a contempt.

E. The commission, if it has reason to believe that any licensee or any other person has violated any of the provisions of this Chapter relating to motor vehicle credit transactions shall have the power to make such investigations as it shall deem necessary and, to the extent necessary for this purpose, the commission may examine such licensee or any other person and shall have the power to compel the production of all relevant books, records, accounts and documents.

F. Any consumer having reason to believe that this Chapter relating to the consumer's motor vehicle credit transaction has been violated may file with the commission a written complaint setting forth the details of such alleged violation. The commission, upon receipt of such complaint, may inspect the pertinent books, records, letters of the lessee and of the consumer involved relating to such specific written complaint.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7903. Cease and Desist Orders

A. The commission shall have the power to issue cease and desist orders to protect the public welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7905. Penalties

A. In addition to any other authority conferred upon the commission by this Chapter the commission may impose fines and penalties against persons violating the provisions of this Chapter and the rules and regulations adopted thereunder.

B. The commission may impose a fine on any person who willfully violates any provision of this Chapter and the rules and regulations adopted thereunder in an amount not to exceed $5,000 per violation.

C. The commission may impose a fine on any person who originates or purchases a contract subject to this Chapter of $1,000 for each contract, who has not first obtained a license from the commission.

D. The commission may render judgment for costs, or any part thereof, against any party to proceedings held or scheduled to be held before the commission as it may consider equitable. These costs shall include but shall not be limited to court reporter fees, commission attorney fees, the

mileage and per diem of the commissioners, and other applicable reasonable costs.

E. Any person who is required to be licensed under this Chapter and who fails to timely purchase a license herein provided may be ordered by the commission to pay a penalty of $100 in addition to the regular license fee herein provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7907. Advisory Opinions

A. The commission, its employees and attorneys may issue advisory opinions and interpretations regarding this Chapter. Advisory opinions and interpretations of the commission or its employees and attorneys shall not be considered rules requiring compliance with the rule making process under the Administrative Procedure Act.

B. Any actions taken by an extender of credit pursuant to any opinion or interpretation made by the commission, its officers or attorneys shall not be deemed to be a violation of this Chapter.

C. The commission or its employees and attorneys shall have no liability to any person with respect to the issuance of a ruling or interpretative opinion made under this Chapter.

D. A request for an advisory opinion or interpretation shall be in writing and shall set forth the specific statute or rules and regulations to which the request relates.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7909. Declaratory Orders and Rulings

A. The commission may issue a declaratory order and ruling pursuant to the Administrative Procedure Act which has the same status as a commission decision or order in an adjudicated case.

B. A request for a declaratory order and ruling shall be made in the form of a petition to the commission. The petition shall include, but shall not be limited, to the following:

1. the name and address of petitioner;
2. specific reference to the statutes or rules and regulations to which it relates;
3. a statement of the manner in which the petitioner is aggrieved by the statue or rule or by its potential application to it, or in which it is uncertain of its effects;
4. a statement of whether an oral hearing is desired;
5. other information appropriate for the commission's deliberation on the request.

C. The petition will be considered by the commission at its next regularly scheduled meeting provided that the petition has been filed at least 30 days prior to that meeting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

§7911. Cooperative and Reciprocal Agreements

A. The commission may enter into cooperative and reciprocal agreements with the regulatory authorities of the federal government or any state for the periodic examination of persons engaged in the business regulated by this Chapter and may accept reports of examination and other records from such authorities in lieu of conducting its own examinations. The commission may enter into joint actions with other regulatory bodies having concurrent jurisdiction or may enter into such actions independently to carry out its responsibilities under this Chapter and assure compliance with the laws of this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 6:969.40(D).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Motor Vehicle Commission, LR 31:

Family Impact Statement

These proposed Rules should not have any known or forseeable impact on any family as defined by R.S. 49:972.D, or on family formation, stability and autonomy. Specifically, there should be no forseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. a family's earnings and budget;
5. the behavior and personal responsibility of children; or
6. the family's ability or that of the local government to perform the function as contained in the proposed Rules

Interested persons may submit written comments on the proposed Rules to Lessie A. House, Executive Director, Louisiana Motor Vehicle Commission, 3519 12th Street, Metairie, LA 70002. The deadline for receipt of all written comments is 4:30 p.m., Thursday, February 10, 2005.

Lessie A. House
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Motor Vehicle Sales Finance

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There is no cost to the Louisiana Motor Vehicle Commission, the State of Louisiana, or any local governmental unit, associated with the promulgation of these rules and regulations. It merely places into rule what has been in statute since 1956; therefore, there is no impact.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There should be no effect on revenue collections of state or local governmental units as a result of these proposed regulations.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There should be no costs or economic benefits that directly affect persons or non-governmental groups as a result of these proposed regulations.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

These proposed regulations will have no effect on competition or employment.

Lessie A. House	H. Gordon Monk
Executive Director	Staff Director
0501#106	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Dentistry

Dentists, Dental Assistants, Dental Hygienists, and Anesthesia/Analgesia Administration
(LAC 46:XXXIII.304, 306, 507, 703, and 1515)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760(8), notice is hereby given that the Department of Health and Hospitals, Board of Dentistry intends to amend LAC 46:XXXIII. No preamble has been prepared.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession

Chapter 3. Dentists

§304. Address of Dental Practice and Mailing Address

A. Each dentist shall inform the Louisiana State Board of Dentistry of his official mailing address and all office addresses at which the dentist practices dentistry within 30 days of changing his official mailing address or commencing practice at each location.

B. Failure of a dentist to notify the board within 30 days of any change of official mailing address or office move or relocation will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 15:965 (November 1989), amended LR 18:739 (July 1992), LR 23:1525 (November 1997), LR 31:

§306. Requirements of Applicants for Licensure by Credentials

A. - A.2. …

3. has been in active practice, while possessing a nonrestricted license in another state, by working full-time as a dentist at a minimum of 1,000 hours per year for the preceding five years before applying for licensure in Louisiana or full-time dental education as a teacher for a minimum of three years immediately prior to applying for licensure; or has completed a two-year general dentistry residency program or successfully completed a residency program in one of the board-recognized dental specialties as defined in §301; the applicant completing the residency program must apply for licensure within 180 days of graduation from said specialty program or fellowship or work full-time as a dentist for five years before licensure;

A.4. - E. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 18:739 (July 1992), amended LR 21:571 (June 1995), LR 22:23 (January 1996), LR 23:1528 (November 1997), LR 24:1114 (June 1998), LR 25:513 (March 1999), LR 26:692 (April 2000), LR 26:2612 (August 2000), repromulgated LR 27:1893 (November 2001), amended LR 28:1777 (August 2002), LR 31:

Chapter 5. Dental Assistants

§507. High School Diploma Requirement

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1116 (June 1998), amended LR 30:2306 (October 2004, repealed LR 31:

Chapter 7. Dental Hygienists

§703. Address of Employment and Mailing Address

A. Each dental hygienist shall inform the Louisiana State Board of Dentistry of his or her official mailing address and all office addresses at which the dental hygienist is employed as a dental hygienist and the name of the employing dentist. Failure of a dental hygienist to notify the board within 30 days of a change in the mailing address or address of employment as a dental hygienist and the name of the new employing dentist will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 15:966 (November 1989), amended LR 31:

Chapter 15. Anesthesia/Analgesia Administration

§1515. Hospitals and Outpatient Surgical Centers; Exemption

A. Office permits for the administration of anesthesia are not required when the procedure is being performed in a hospital or outpatient surgical center approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 31:

Interested persons may submit written comments on these proposed Rule changes to C. Barry Ogden, Executive Director, Louisiana State Board of Dentistry, One Canal Place, Suite 2680, 365 Canal Street, New Orleans, LA 70130. Written comments must be submitted to and received by the board within 60 days of this notice. A request pursuant to R.S. 49:953(A)(2) for oral presentation, argument, or public hearing must be made in writing and received by the board within 20 days of the date of this notice.

C. Barry Ogden
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Dentists, Dental Assistants, Dental Hygienists, and Anesthesia/Analgesia Administration

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be a cost of approximately $100 in FY 2005 to the Louisiana State Board of Dentistry for dissemination of these rule changes.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections by the Louisiana State Board of Dentistry or any other state or local governmental unit.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule will require all dentists and dental hygienists licensed by the Louisiana State Board of Dentistry to notify the Board of his/her official mailing address within 30 days of changing such official mailing address. It is anticipated that the proposed rule will result in an indeterminable cost avoidance to licensees in FY 05 and subsequent fiscal years due to more timely communication relative to activities required to maintain licensure.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition and employment.

C. Barry Ogden
Executive Director
0501#006

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Nursing

Definition of Terms Applying to Nursing Practice;
Administration of Anesthetic Agents
(LAC 46:XLVII.3703 and 3705)

Notice is hereby given, in accordance with the provisions of the Administrative Procedures Act, R.S. 49:950 et seq., that the Louisiana State Board of Nursing (board) pursuant to the authority vested in the board by R.S. 37:918, R.S. 37:919 intends to adopt Rules amending the Professional and Occupational Standards to implement Act 642 of the 2004 Louisiana Legislature to provide authority for the registered nurse to administer analgesic doses of anesthetic agents. These proposed Rules provide the required direction for the safe implementation of Act 642. The proposed amendments of the Rules are set forth below.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses
Subpart 2. Registered Nurses
Chapter 37. Nursing Practice
§3703. Definition of Terms Applying to Nursing Practice

* * *

Executing Health Care Regimes as Prescribed by a Licensed Physician, Dentist or Authorized Prescriber carrying out the medical orders of a physician, dentist or other authorized prescriber licensed in Louisiana.

1. Registered nurses may, based on their individual judgment of each situation, accept verbal orders initiated by an authorized prescriber and transmitted through a licensed or certified health care practitioner, provided the order is related to the said practitioner's scope of practice.

2. Registered nurses may execute standing orders of an authorized prescriber provided the said prescriber initiates the standing orders and provided, further, that the said orders do not require the nurse to make a medical diagnosis or to engage in prescriptive activity or to administer anesthetic agents other than in accordance with R.S. 37:930(D) and (E) and LAC 46:XLVII.3705.

3. Registered nurses employed in the public school system are authorized to execute health care regimens prescribed by physicians licensed in adjacent states, pursuant to R.S. 17:436(B)(3)(a) and R.S. 17:436.1(B)(1)(a).

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:935.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:79 (March 1981), amended LR 10:598 (August 1984), LR 12:677 (October 1986), amended by the Department of Health and Hospitals, Board of Nursing, LR 24:1293 (July 1998), LR 31:

§3705. Administration of Anesthetic Agents

A. Registered nurses, who are not certified nurse anesthetists, may administer anesthetic agents in accordance with an order of an authorized prescriber, to intubated patients in critical care settings, and may titrate and continue infusion of local anesthetic agents through the use of epidural catheters for pain management, excluding obstetric patients, provided that the following conditions are met.

1. There is documentation that the registered nurse has successfully completed a course of instruction, which includes, but is not limited to, didactic instruction and supervised clinical practice on the following:

a. anatomy and physiology of the spinal cord and column;

b. purpose of the epidural catheter for pain management; catheter placement and signs and symptoms of misplacement;

c. effects of medication administered epidurally;

d. untoward reaction to medication and management;

e. complications; and

f. nursing care responsibilities:

i. observation;

ii. procedures;

iii. catheter maintenance;

iv. proper calibration and operation of infusion pump; and

v. removal of the epidural catheter.

2. There are clearly stated prerequisite conditions for:

a. preparation of solution;

b. initiation of infusion;

c. emergency conditions.

3. There are criteria for documentation of the procedure.

4. Competencies will be measured initially during orientation and on an annual basis.

5. The institutional policy and plan for registered nurses (non-CRNAs) to administer anesthetic agents to intubated patients in critical care settings, and to titrate and continue infusion of local anesthetic agents through the use of epidural catheters for pain management for patients other than obstetric patients shall include:

a. a clear statement of the purpose and goal of the treatment;

b. written protocols, with documentation of acceptance of the protocols by the medical staff of the agency;

c. maximum dose per hour of an anesthetic agent which can be administered by a registered nurse, who is not a certified nurse anesthetist, as approved by the medical staff.

6. There is a specific written medical order, signed by an authorized prescriber, for each patient receiving the treatment.

7. Any orders to change the rate of infusion must be a written order. In an emergency situation, the registered nurse may decrease the rate of infusion before calling the authorized prescriber. In lieu of an order to change the rate of infusion each time the rate is changed there are clearly stated criteria, signed by the authorizing prescriber, for adjusting the rate of infusion.

8. The administration of anesthetic agents to intubated patients in critical care settings and the titration and continuance of infusion of local anesthetic agents through the use of epidural catheters for pain management for patients may not be delegated or assigned by a registered nurse to anyone other than a registered nurse who meets the criteria set forth in this standard.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:935.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 31:

Family Impact Statement

The Louisiana State Board of Nursing hereby issues this Family Impact Statement: The proposed Rule related to the board's appointing authority will have no known impact on family formation, stability, and autonomy, as set forth in R.S.49:972.

Interested persons may submit written comments on the proposed Rules to Barbara L. Morvant, Executive Director, Louisiana State Board of Nursing, 3510 N. Causeway Blvd., Suite 601, Metairie, LA 70002. The deadline for receipt of all written comments is 4:30 p.m. on February 10, 2005.

Barbara L. Morvant
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Definition of Terms Applying to Nursing Practice; Administration of Anesthetic Agents

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that no additional staff or operating expenses will be needed to implement these changes. The only cost for implementation is for the publication of the rule change in the Louisiana Register estimated to be approximately $300 in fiscal year 2004/05.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no estimated effect on revenue collections.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Implementation of the proposed rule will require registered nurses to document completion of a course of instruction regarding the administration of local anesthetic agents through the use of epidural catheters for pain management.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no anticipated effect on competition and employment.

Barbara L. Morvant
Executive Director
0501#001

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Health Care Facilities Sanctions
(LAC 50:I.5503)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend LAC 50:I.5503 under the Medical Assistance Program as authorized by R.S. 40:2199 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule that established the authority for the department to impose sanctions and/or civil fines on those health care facilities determined to be out of compliance with any state or federal law or rule governing the operation and provision of health care services (*Louisiana Register*, Volume 26, Number 7). The department now proposes to amend the July 20, 2000 Rule to revise health care facility sanctions to concur with the Inventory for Client and Agency Planning (ICAP) instrument that will be used in the development of individualized rates for recipients residing in intermediate care facilities for the mentally retarded.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend the July 20, 2000 Rule governing health care facility sanctions.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part I. Administration
Subpart 7. Sanctions
Chapter 55. Health Care Facility Sanctions
§5503. Description of Violation and Applicable Civil Fines

A. "Class A" Violations

1. - 2. …

3. If it is determined that an Intermediate Care Facility for the Mentally Retarded (ICF/MR) has a violation of a direct care rule or regulation related to the maintenance or operation of the facility which creates a condition or occurrence that results in death or serious harm to a resident, a 94 percent direct care floor will be established for the fiscal year in which the citation occurs.

B. "Class B" Violations

1. - 2. …

3. If it is determined that an ICF/MR has a violation of a direct care rule or regulation related to the maintenance or operation of the facility which creates a condition or occurrence that has a substantial probability that death or serious harm to a resident will result if the condition or occurrence remains uncorrected, a 90 percent direct care

floor will be established for the fiscal year in which the citation occurs.

C. "Class C" Violations

1. - 2. …

3. If it is determined that an ICF/MR has a repeat violation of a direct care rule or regulation related to the maintenance or operation of the facility which creates a condition or occurrence that threatens the health, safety, or welfare of a resident, an 85 percent direct care floor will be established for the fiscal year in which the repeat violation is determined.

D. - G.2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2199.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 11:37 (January 1985), amended LR 11:770 (August 1985), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 18:189 (February 1992), LR 26:1448 (July 2000), LR 31:

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, February 24, 2005 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Health Care FacilitiesCSanctions

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact other than cost of promulgation for FY 04-05. It is anticipated that $272 ($136 SGF and $136 FED) will be expended in FY 04-05 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections other than the federal share of the promulgation costs for FY 04-05. It is anticipated that $136 will be expended in FY 04-05 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This rule proposes to revise health care facility sanctions to concur with adoption of the Inventory for Client and Agency Planning (ICAP) instrument for use in developing individualized rates for recipients residing in intermediate care facilities for the mentally retarded (approximately 450 providers). Providers that are found to be in violation of a direct care rule or regulation would be required to commit additional resources to direct recipient care. It is anticipated that implementation of this proposed rule will not have estimable cost or economic benefits for FY 04-05, FY 05-06 and FY 06-07 (assumes no significant increase in violations).

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known impact on competition and employment.

Ben A. Bearden	H. Gordon Monk
Director	Staff Director
0501#095	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Intermediate Care Facilities for the Mentally Retarded Standards for Payment
(LAC 50:II.10303, 10307, 10351 and 10375-10385)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends LAC 50:II.10303 and 10307; repeals 10351 and adopts LAC 50:II.10375-10385 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule on October 20, 1989 which established the reimbursement methodology for private intermediate care facilities for the mentally retarded (ICFs-MR) (*Louisiana Register*, Volume 15, Number 10). The bureau subsequently promulgated a Rule in April 1999 that established the standards for payment for ICFs-MR *(Louisiana Register*, Volume 25, Number 24). House Resolution 104 of the 1997 Regular Session of the Louisiana Legislature requested that the department investigate the feasibility of changing the reimbursement methodology for ICFs-MR. House Concurrent Resolution 257 of the 1997 Regular Session of the Louisiana Legislature requested that the department study a new level of care determination process. In compliance with these resolutions, the bureau amended the October 20, 1989 Rule to adopt the Inventory for Client and Agency Planning (ICAP) instruments for use in developing individualized rates for ICF-MR residents (*Louisiana Register*, Volume 30, Number 4). The bureau now proposes to amend the April 1999 Rule for the standards for payment for ICFs-MR for use with ICAP.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing effective July 1, 2005, amends the standards for payment for intermediate care facilities for the mentally retarded.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Medical Assistance
Subpart 3. Standards for Payment
Chapter 103. Standards for Payment for Intermediate Care Facilities for the Mentally Retarded
Subchapter A. Forward, Definitions and Acronyms
§10303. Definitions and Acronyms Specific to Mental Retardation and Other Developmental Disabilities

A. - C. …

* * *

Acuity Factor an adjustment factor which will modify the direct care portion of the Inventory for Client and Agency Planning (ICAP) rate based on the ICAP level for each resident.

* * *

Administrative and Operating Costs include:

a. in-house and contractual salaries;
b. benefits;
c. taxes for administration and plant operation maintenance staff;
d. utilities;
e. accounting;
f. insurances;
g. maintenance staff;
h. maintenance supplies;
i. laundry and linen;
j. housekeeping; and
k. other administrative type expenditures.

* * *

Capital Costs include:

a. depreciation;
b. interest expense on capital assets;
c. leasing expenses;
d. property taxes; and
e. other expenses related to capital assets.

Care Related Costs include in-house and contractual salaries, benefits, taxes, and supplies that help support direct care but do not directly involve caring for the patient and ensuring their well being (e.g., dietary and educational). Care related costs would also include personal items, such as clothing, personal hygiene items (soap, toothpaste, etc.), hair grooming, etc.

* * *

DHH Department of Health and Hospitals or its designee.

* * *

Direct Care Costs consist of all costs related to the direct care interaction with the patient. *Direct care costs* include:

a. in-house and contractual salaries;
b. benefits; and
c. taxes for all positions directly related to patient care, including:
i. medical;
ii. nursing;
iii. therapeutic and training;
iv. ancillary in-house services; and
v. recreational.

* * *

ICAP Inventory for Client and Agency Planning. A standardized instrument for assessing adaptive and maladaptive behavior and includes an overall service score. This ICAP service score combines adaptive and maladaptive behavior scores to indicate the overall level of care, supervision or training required.

ICAP Service Level ranges from 1 to 9 and indicates the service need intensity. The lower the score the greater is the client need.

ICAP Service Score indicates the level of service intensity required by an individual, considering both adaptive and maladaptive behavior.

NOTE: The relationship between the service level and service score for ICAP support levels is as follows.

ICAP Relationship Graph		
ICAP Service Level	**ICAP Service Score**	**ICAP Support Levels**
		Pervasive +
1	1-19	Pervasive
2 3	20-29 30-39	Extensive
4 5 6	40-49 50-59 60-69	Limited
7 8 9	70-79 80-89 90+	Intermittent

Index Factor this factor will be based on the *Skilled Nursing Home without Capital Market Basket Index* published by Data Resources Incorporated or a comparable index if this index ceases to be published.

* * *

Pass through Cost Component includes the provider fee.

Peer Group the administrative and operating per diem rate and the capital per diem rate are tiered based on peer group size. Peer groups are as follows:

a. 1 - 32 beds;
b. 33 or more beds.

* * *

Rate Year a one-year period corresponding to the state fiscal year from July 1 through June 30.

Rebasing recalculation of the per diem rate components using the latest available audited or desk reviewed cost reports.

* * *

Support Levels describe the levels of support needed by individuals with mental retardation and other developmental disabilities. The five descriptive levels of service intensity using the ICAP assessment are summarized in Subparagraphs a - e below.

a. Intermittent supports on an as needed basis. Characterized as episodic in nature, the person does not always need the support(s), or short-term supports needed during life-span transition (e.g., job loss or an acute medical crisis). Intermittent supports may be high or low intensity when provided.

b. Limited supports characterized by consistency over time, time-limited but not of an intermittent nature, may

require fewer staff members and less costs than more intense levels of support (e.g., time-limited employment training or transitional supports during the school to adult provided period).

c. Extensive supports characterized by regular involvement (e.g., daily) in at least some environment (such as work or home) and not time-limited (e.g., long term support and long-term home living support).

d. Pervasive supports characterized by their constancy, high intensity; provided across environments; potential life-sustaining nature. Pervasive supports typically involve more staff members and intrusiveness than do extensive or time-limited supports.

e. Pervasive Plus a time-limited specific assignment to supplement required Level of Need services or staff to provide life sustaining complex medical care or to supplement required direct care staff due to dangerous life threatening behavior so serious that it could cause serious physical injury to self or others and requires additional trained support staff to be at "arms length" during waking hours.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 13:578 (October 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:676 (April 1999), LR 31:

Subchapter B. Participation

§10307. Payments

A. - B.10. …

C.1. - 3. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 13:578 (October 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:684 (April 1999), LR 31:

Subchapter G. Admission Review

§10351. Audits

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, LR:13:578 (October 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:699 (April 1999), repealed LR 31:

Subchapter H. Reimbursement

§10375. Cost Reports

A. Intermediate Care Facilities for the Mentally Retarded (ICFs-MR) are required to file annual cost reports to the Bureau in accordance with Bureau instructions as follows.

1. Each ICF-MR is required to report all reasonable and allowable costs on a regular facility cost report including any supplemental schedules designated by the bureau.

2. Separate cost reports must be submitted by central/home offices and habilitation programs when costs of those entities are reported on the facility cost report.

B. Cost reports must be prepared in accordance with cost reporting instructions adopted by the bureau using definitions of allowable and non-allowable cost contained in the Medicare provider reimbursement manual unless other definitions of allowable and non-allowable cost are adopted by the bureau.

1. Each provider shall submit an annual cost report for fiscal year ending June 30. The cost reports shall be filed within 90 days after the state's fiscal year ends.

2. Exceptions. Limited exceptions for extensions to the cost report filing requirements will be considered on an individual facility basis upon written request from the provider to the director of the Rate and Audit Review Section, Bureau of Health Services Financing. Providers must attach a statement describing fully the nature of the exception request. The extension must be requested by the normal due date of the cost report.

C. Direct Care Floor

1. A facility wide direct care floor may be enforced upon deficiencies related to direct care staffing requirements noted during the HSS Annual Review or during a complaint investigation in accordance with the LAC 50:I.5501 et seq.

2. For providers receiving pervasive plus supplements, the facility wide direct care floor is established at 94 percent of the per diem direct care payment and the pervasive plus supplement. The direct care floor will be applied to the cost-reporting year in which the facility receives a Pervasive Plus supplement. However no facility receiving a Pervasive Plus supplement shall have total facility payments reduced to less than 104 percent of the total facility cost as a result of imposition of the direct care floor.

3. For facilities for which the direct care floor applies, if the direct care cost the facility incurred on a per diem basis is less than the appropriate facility direct care floor, the facility shall remit to the bureau the difference between these two amounts times the number of facility Medicaid days paid during the cost reporting period. This remittance shall be included with the cost report.

4. Upon completion of desk reviews or audits, facilities will be notified by the bureau of any changes in amounts due based on audit or desk review adjustments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:

§10377. Rate Determination

A. Resident per diem rates are calculated based on information reported on the cost report. ICFs-MR will receive a rate for each resident. The rates are based on cost components appropriate for an economic and efficient ICF-MR providing quality service. The resident per diem rates represent the best judgment of the state to provide reasonable and adequate reimbursement required to cover the costs of economic and efficient ICFs-MR.

B. The cost data used in setting base rates will be from the latest available audited or desk reviewed cost reports. For rate periods between rebasing, the rates will be trended forward using the index factor contingent upon appropriation by the legislature.

C. For dates of service on or after July 1, 2005, a resident's per diem rate will be the sum of:

1. direct care per diem rate;
2. care related per diem rate;
3. administrative and operating per diem rate;

4. capital rate; and
5. provider fee.

D. Determination of Rate Components

1. The direct care per diem rate shall be a set percentage over the median adjusted for the acuity of the resident based on the ICAP, tier based on peer group. The direct care per diem rate shall be determined as follows.

a. Median Cost. The direct care per diem median cost for each ICF-MR is determined by dividing the facility's total direct care costs reported on the cost report by the facility's total days during the cost reporting period. Direct care costs for providers in each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. Median Adjustment. The direct care component shall be adjusted to 105 percent of the direct care per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. These costs shall be trended forward from the midpoint of the cost report period to the midpoint of the rate year using the index factor.

d. Acuity Factor. Each of the ICAP levels will have a corresponding acuity factor. The median cost by peer group, after adjustments, shall be further adjusted by the acuity factor (or multiplier) as follows.

ICAP Support Level	Acuity Factor (Multiplier)
Pervasive	1.35
Extensive	1.17
Limited	1.00
Intermittent	.90

2. The care related per diem rate shall be a statewide price at a set percentage over the median and shall be determined as follows.

a. Median Cost. The care related per diem median cost for each ICF-MR is determined by dividing the facility's total care related costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Care related costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

b. Median Adjustment. The care related component shall be adjusted to 105 percent of the care related per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. These costs shall be trended forward from the midpoint of the cost report period to the midpoint of the rate year using the index factor.

3. The administrative and operating per diem rate shall be a statewide price at a set percentage over the median, tier based on peer group. The administrative and operating component shall be determined as follows.

a. Median Cost. The administrative and operating per diem median cost for each ICF-MR is determined by dividing the facility's total administrative and operating costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Administrative and operating costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

b. Median Adjustment. The administrative and operating component shall be adjusted to 103 percent of the administrative and operating per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. These costs shall be trended forward from the midpoint of the cost report period to the midpoint of the rate year using the index factor.

4. The capital per diem rate shall be a statewide price at a set percentage over the median, tier based on peer group. The capital per diem rate shall be determined as follows.

a. Median Cost. The capital per diem median cost for each ICF-MR is determined by dividing the facility's total capital costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Capital costs for providers of each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. Median Adjustment. The capital cost component shall be adjusted to 103 percent of the capital per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. Capital costs shall not be trended forward.

d. The provider fee shall be calculated by the department in accordance with state and federal rules.

E. Rebasing of rates will occur at least every three years utilizing the most recent audited and/or desk reviewed cost reports.

F. Adjustments to the Medicaid daily rate may be made when changes occur that eventually will be recognized in updated cost report data (such as a change in the minimum wage or FICA rates). These adjustments would be effective until such time as the data base used to calculate rates fully reflect the change. Adjustments to rates may also be made when legislative appropriations would increase or decrease the rates calculated in accordance with this rule. The secretary of the Department of Health and Hospitals makes the final determination as to the amount and when adjustments to rates are warranted.

G. A facility requesting a Pervasive Plus rate supplement shall bear the burden of proof in establishing the facts and circumstances necessary to support the supplement in a format and with supporting documentation specified by the DHH ICAP Review Committee.

1. The DHH ICAP Review Committee shall make a determination of the most appropriate staff required to provide requested supplemental services.

2. The amount of the Pervasive Plus supplement shall be calculated using the Louisiana Civil Service pay grid for the appropriate position as determined by the DHH ICAP Review Committee and shall be the 25th percentile salary level plus 20 percent for related benefits times the number of hours approved.

3. Should a provider be granted a Pervasive Plus supplement for the provision of complex medical care, the median per bed minutes of nursing, by size peer group, as calculated from the annual *Intermediate Care Facility For Persons With Mental Retardation Survey Report* and adjusted using the acuity factors contained in §10377.D.1.d will not be included in the calculation of the amount of the supplement.

4. Should a provider be granted a Pervasive Plus supplement to supplement required direct staff, the weekly hours of direct care staff provided in the base direct care component of the per diem rate adjusted using the acuity

factors contained in §10377.D.1.d will not be included in the calculation of the amount of the supplement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:

§10379. ICAP Requirements

A. An ICAP must be completed for each recipient of ICF-MR services upon admission and while residing in an ICF-MR in accordance with departmental regulations.

B. Providers must keep a copy of the recipient's current ICAP protocol and computer scored summary sheets in the recipient's file. If a recipient has changed ICAP service level, providers must also keep a copy of the recipient's ICAP protocol and computer scored summary sheets supporting the prior level.

C. ICAPs must reflect the resident's current level of care.

D. Providers must submit a new ICAP to the Regional Health Standards office when the resident's condition reflects a change in the ICAP level that indicates a change in reimbursement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:

§10381. ICAP Monitoring

A. ICAP scores and assessments will be subject to review by DHH and its contracted agents. The reviews of ICAP submissions include, but are not limited to:

1. reviews when statistically significant changes occur within an ICAP submission or submissions;
2. random selections of ICAP submissions;
3. desk reviews of a sample of ICAP submissions; and
4. on-site field reviews of ICAPs.

B. ICAP Review Committee

1. Requests for Pervasive Plus must be reviewed and approved by the DHH ICAP Review Committee.
2. The ICAP Review Committee shall represent DHH should a provider request an informal reconsideration regarding the Regional Health Standards determination.
3. The ICAP Review Committee shall make final determination on any ICAP Level of Care changes prior to the appeals process.
4. The ICAP Review Committee shall be made up of the following:
   a. the director of the Health Standards Section or his/her appointee;
   b. the director of Rate and Audit Review Section or his/her appointee;
   c. the assistant secretary for the Office for Citizens with Developmental Disabilities or his/her appointee.
   d. other persons as appointed by the secretary.

C. When an ICAP score is determined to be inaccurate, the department shall notify the provider and request documentation to support the level of care. If the additional information does not support the level of care, an ICAP rate adjustment will be made to the appropriate ICAP level effective the first day of the month following the determination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:

§10383. Audits

A. Each ICF-MR shall file an annual facility cost report and a central office cost report.

B. ICFs-MR shall be subject to financial and compliance audits.

C. All providers who elect to participate in the Medicaid Program shall be subject to audit by state or federal regulators or their designees. Audit selection for the department shall be at the discretion of DHH.

1. A representative sample of ICFs-MR shall be fully audited to ensure the fiscal integrity of the program and compliance of providers with program regulations governing reimbursement.
2. Limited scope and exception audits shall also be conducted as determined by DHH.
3. DHH conducts desk reviews of all the cost reports received. DHH also conducts on-site audits of provider records and cost reports.
   a. DHH seeks to maximize the number of on-site audited cost reports available for use in its cost projections although the number of on-site audits performed each year may vary.
   b. Whenever possible, the records necessary to verify information submitted to DHH on Medicaid cost reports, including related-party transactions and other business activities engaged in by the provider, must be accessible to DHH audit staff in the state of Louisiana.

D. Cost of Out-of-State Audits

1. When records are not available to DHH audit staff within Louisiana, the provider must pay the actual costs for DHH staff to travel and review the records out-of-state.
2. If a provider fails to reimburse DHH for these costs within 60 days of the request for payment, DHH may place a hold on the vendor payments until the costs are paid in full.

E. In addition to the exclusions and adjustments made during desk reviews and on-site audits, DHH may exclude or adjust certain expenses in the cost-report data base in order to base rates on the reasonable and necessary costs that an economical and efficient provider must incur.

F. The facility shall retain such records or files as required by DHH and shall have them available for inspection for five years from the date of service or until all audit exceptions are resolved, whichever period is longer.

G. If DHH s auditors determine that a facility s records are unauditable, the vendor payments may be withheld until the facility submits an acceptable plan of correction to reconstruct the records. Any additional costs incurred to complete the audit shall be paid by the provider.

H. Vendor payments may also be withheld under the following conditions:

1. a facility fails to submit corrective action plans in response to financial and compliance audit findings within 15 days after receiving the notification letter; or
2. a facility fails to respond satisfactorily to DHH s request for information within 15 days after receiving the department s letter.

J. If DHH s audit of the residents Personal Funds Account indicate a material number of transactions were not sufficiently supported or material non-compliance, then DHH shall initiate a full scope audit of the account. The cost

of the full scope audit shall be withheld from the vendor payments.

K. The ICF-MR shall cooperate with the audit process by:

1. promptly providing all documents needed for review;

2. providing adequate space for uninterrupted review of records;

3. making persons responsible for facility records and cost report preparation available during the audit;

4. arranging for all pertinent personnel to attend the exit conference;

5. insuring that complete information is maintained in client's records; and

6. correcting areas of noncompliance with state and federal regulations immediately after the exit conference time limit of 15 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:

§10385. Exclusions from Database

A. Providers with disclaimed audits and providers with cost reports for other than a 12-month period will be excluded from the database used to calculate the rates.

B. Providers who do not submit ICAP scores will be paid at the Intermittent level until receipt of ICAP scores.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, February 24, 2005 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Intermediate Care Facilities for the Mentally RetardedCStandards for Payment

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact other than cost of promulgation for FY 04-05. It is anticipated that $1,564 ($782 SGF and $782 FED) will be expended in FY 04-05 for the state s administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections other than the federal share of the promulgation costs for FY 04-05. It is anticipated that $782 will be expended in FY 04-05 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This rule proposes to amend the standards of payment for Private Intermediate Care Facilities for the Mentally Retarded (ICFs-MR) (approximately 450 providers) using the Inventory for Client and Agency Planning (ICAP) instrument to measure individual level of needs and is formulated to provide the necessary monetary resources to meet those needs. It is anticipated that implementation of this proposed rule will not have estimable cost or economic benefits for FY 04-05, FY 05-06 and FY 06-07.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known impact on competition and employment.

Ben A. Bearden	H. Gordon Monk
Director	Staff Director
0501#096	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Pharmacy Benefits Management Program
Narcotics and Controlled Substances

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following proposed Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S.49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing currently provides coverage for Schedule II narcotic analgesics through the Pharmacy Program under the Medicaid Program. The bureau promulgated a Rule that required prescriptions for Schedule II narcotics be filled within five days of the date prescribed by a physician or other service practitioner covered under the Medicaid of Louisiana (*Louisiana Register*, Volume 18, Number 9). The Louisiana Board of Pharmacy currently allows a Schedule II narcotic analgesic prescription to be filled within six months of the date prescribed by the physician. In order to be consistent with the Louisiana Board of Pharmacy, the bureau proposes to amend the September 20, 1992 Rule to allow Schedule II

narcotic analgesic prescriptions to be filled within six months of the date prescribed.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule would have a positive impact on family functioning as described in R.S. 49:972 in that recipients would be able to receive multiple prescriptions for Scheduled II narcotic analgesic at one physician visit instead of having to return to the physician when a prescription would be needed.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the September 20, 1992 Rule concerning narcotics and controlled substances to be consistent with the Louisiana Board of Pharmacy's regulations governing the timeframes for filling prescriptions.

Schedule II narcotic analgesic prescriptions covered under the Louisiana Medicaid Program shall be filled within six months of the date prescribed by a physician or other prescribing practitioner. Also, in accordance with guidance from the Drug Enforcement Agency, the prescriber has the ability to issue multiple prescriptions for the same Schedule II medication to the same patient on the same day. All prescriptions must be dated and signed on the date issued. The prescriber may issue dispensing instruction, e.g., "do not dispense until a specified date".

Interested persons may submit written comments to the following address: Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, February 24, 2005 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Pharmacy Benefits Management Program—Narcotics and Controlled Substances

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact other than cost of promulgation for FY 04-05. It is anticipated that $204 ($102 SGF and $102 FED) will be expended in FY 04-05 for the state s administrative expense for promulgation of this proposed rule and the final rule

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections other than the federal share of the promulgation costs for FY 04-05. It is anticipated that $102 will be expended in FY 04-05 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This rule proposes to allow Schedule II narcotic analgesic prescriptions (approximately 124,000 per year) to be filled within six months of the date prescribed by the physician. This proposed rule amends the September 20, 1992 rule concerning narcotics and controlled substances to be consistent with the Louisiana Board of Pharmacy's regulations governing the timeframes for filling prescriptions. It is anticipated that implementation of this proposed rule will not have estimable cost or economic benefits for FY 04-05, FY 05-06 and FY 06-07.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known impact on competition and employment.

Ben A. Bearden
Director
0501#097

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Professional Services Program
Circumcisions Termination of Reimbursement

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the Administrative Procedure Act, R.S.49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reimburses professional services in accordance with an established fee schedule for Physicians' Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPC). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay. The bureau now proposes to terminate reimbursement for the performance of routine circumcisions of newborn infants and other circumcisions for which medical necessity is not documented.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing terminates reimbursement for the performance of routine circumcisions

of newborn infants and other circumcisions for which medical necessity is not documented.

Implementation of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, February 24, 2005 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Professional Services Program Circumcisions–Termination of Reimbursement

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will result in an estimated cost avoidance to the state of $66,023 for FY 04-05, $368,603 for FY 05-06 and $379,661 for FY 06-07. It is anticipated that $136 ($68 SGF and $68 FED) will be expended in FY 04-05 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will reduce federal revenue collections by $163,243 for FY 04-05, $864,183 for FY 05-06 and $890,109 for FY 06-07. $68 is included in FY 04-05 for the federal administrative expenses for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule terminates reimbursement for the performance of routine circumcisions of newborn infants (approximately 15,000 procedures per year) and other circumcisions for which medical necessity is not documented. It is anticipated that implementation of this proposed rule will decrease payments for physician services by $229,402 for FY 04-05, $1,232,786 for FY 05-06 and $1,269,770 for FY 06-07.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that there will be no effect on competition and employment as a result of the implementation of this proposed rule.

Ben A. Bearden
Director
0501#098

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Professional Services Program
Physician Services Reimbursement Increase

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S.49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reimburses professional services in accordance with an established fee schedule for Physicians' Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPC). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay.

The bureau subsequently promulgated a Rule to increase the reimbursement for certain designated CPT procedure codes related to specialty services *(Louisiana Register,* Volume 28, Number 8). As a result of the allocation of additional funds by the Legislature during the 2003 Regular Session, the bureau promulgated an Emergency Rule that increased reimbursement for selected CPT surgical and medical codes (*Louisiana Register,* Volume 29, Number 12). This proposed Rule is being promulgated to continue the provisions contained in the January 1, 2004 Emergency Rule.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing increases the reimbursement paid to physicians for selected surgical and medical services provided to designated Medicaid recipients.

Pediatric Surgery Services

A. Services include selected surgery services provided by the primary servicing physician to Medicaid recipients from 11 through 15 years of age. Physicians Current Procedural Terminology (CPT) surgical procedure codes (10021-69990) shall be reimbursed at 100 percent of the Medicare Region 99 allowable for 2002, except for procedure codes on file that are in non-pay status, procedure codes for deliveries (59410) and (59415) or those payable with a fee greater than 100 percent of the Medicare Region 99 allowable for 2002.

B. Surgical services modified with modifier 63 (procedure performed on infants less than 4 kg) shall be reimbursed at 125 percent of the fee on file.

Pediatric Medical Services

A. Services include selected medical services provided by the primary servicing physician to Medicaid recipients from birth through 15 years of age. Physicians' Current Procedural Terminology (CPT) medical procedure codes (90918-99199) shall be reimbursed at 100 percent of the Medicare Region 99 allowable for 2002, except for procedure codes on file that are in non-pay status, procedure codes for conscious sedation (99141) and (99142) or those payable with a fee greater than 100 percent of the Medicare Region 99 allowable for 2002.

Implementation of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, February 24, 2005 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Professional Services Program Physician ServicesCReimbursement Increase

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will increase state program costs by approximately $1,619,087 for FY 04-05, $1,730,608 for FY 05-06, and $1,782,527 for FY 06-07. It is anticipated that $272 ($136 SGF and $136 FED) will be expended in FY 04-05 for the state s administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately $4,000,590 for FY 04-05, $4,057,379 for FY 05-06 and $4,179,100 for FY 06-07. $136 is included in FY 04-05 for the federal administrative expenses for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule, which continues the provisions of the January 1, 2004 emergency rule, increases reimbursement for selected Physicians' Current Procedural Terminology (CPT) pediatric surgical and medical codes for designated Medicaid recipients (approximately 550,000 services per year).

It is anticipated that implementation of this proposed rule will increase expenditures for physician services by $5,619,405 for FY 04-05, $5,787,987 for FY 05-06 and $5,961,627 for FY 06-07.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this rule will not have an effect on competition and employment.

Ben A. Bearden
Director
0501#099

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Insurance
Office of the Commissioner

Limited Licensing for Motor Vehicle Rental Companies
(LAC 37:XIII.Chapter 103)

Under the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Insurance gives notice that it intends to enact Regulation 79 relating to the guidelines for the limited license to be issued to Motor Vehicle Rental Companies. On February 24, 2005, at 10 a.m., the Department of Insurance will hold a public hearing in the Plaza Hearing Room of the Louisiana Department Insurance Building located at 1702 N. 3rd Street, Baton Rouge, LA, 70802 to discuss the proposed regulation as set forth below. This intended action complies with the statutory law administered by the Department of Insurance.

The proposed regulation sets forth the qualifications, procedures, and related matters for the limited licensing of motor vehicle rental or leasing companies to sell or offer insurance in conjunction with the rental of a vehicle. It is intended to govern transactions of selling travel or automobile related products or coverage incidental to the rental of vehicles.

Title 37
INSURANCE
Part XIII. Regulations
Chapter 103. Regulation 79CLimited Licensing for Motor Vehicle Rental Companies

§10301. Purpose

A. This purpose of this regulation is:

1. to implement the qualifications and procedures for licensing motor vehicle rental or leasing companies to sell or offer insurance in conjunction with the rental of a vehicle;

2. to govern the transactions of selling travel or automobile related products or coverage in conjunction with and incidental to the rental of vehicles.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10303. Definitions

A. For the purposes of this regulation the following terms shall have the meaning ascribed herein, unless the context clearly indicates otherwise.

Commissioner the Commissioner of Insurance.

Department the Department of Insurance.

Detailed Plan of Operation or *Plan* a comprehensive overview of the licensee's rental business pursuit in so far as it is regulated by the Department of Insurance. This information will supplement the restricted license application and will be on forms provided by the department.

Limited Licensee a person or entity authorized to sell certain coverage relating to the rental of vehicles pursuant to the provisions of Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950.

Part Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, comprised of R.S. 22:2101 through 2112.

Rental Agreement any written agreement setting forth the terms and conditions governing the use of a vehicle provided by the rental company for rental or lease.

Rental Company any person or entity in the business of providing primarily private passenger vehicles to the public under a rental agreement for a period not to exceed 90 days.

Rental Period the term of the rental agreement.

Renter any person or entity obtaining the use of a vehicle from a rental company under the terms of a rental agreement for a period not to exceed 90 days.

Vehicle or *Rental Vehicle* a motor vehicle of the private passenger type including passenger vans, minivans and sport utility vehicles, and of the cargo type including but not limited to cargo vans, pickup trucks and trucks with a gross vehicle weight of less than 26,000 pounds and which do not require the operator to possess a commercial driver's license.

a. Pursuant to R.S. 32:408B, Classes of licenses, this provision includes as a "vehicle" or "rental vehicle" those motor vehicles which require the operator to possess a Class "D" Chauffeur's License.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10305. Issuance of Limited License - in General

A. Prior to approval, an applicant for a limited license issued to a motor vehicle rental company or franchisee of a motor rental company shall at a minimum:

1. submit an application on forms prescribed by the commissioner;

2. pay the applicable fee required by this Part;

3. provide a detailed plan of operation pursuant to §10307.B of this regulation;

4. provide an insurance sales material disclosure pursuant to §10307.C of this regulation;

5. provide a training program or syllabus and train all employees pursuant to §10307.D of this regulation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10307. Limited Licensing; Application, Supplements, Requirements

A. Applicants for a rental company limited license shall apply to the Commissioner of Insurance on forms established by the commissioner. The application may request any information deemed necessary by the commissioner, including but not limited to the following:

1. the applicant's corporate, firm, or other business entity name, the business address and telephone number of the principal place of business and the business address and telephone number of each additional location at which the applicant will transact business under the license;

2. all assumed business names and other names under which the applicant will engage in business under the license;

3. the names of the employees, its agents, members, partners, officers, directors and stockholders of the applicant personally engaged in this state in soliciting or negotiating insurance in conjunction with the rental of a vehicle;

4. a declaration by the applicant that the applicant:

a. is competent and trustworthy;

b. intends to act in good faith;

c. has a good business reputation;

d. has the appropriate experience, training or education that qualifies the applicant for the license applied for;

e. has or will train all employees to be involved in the sale, offering, or negotiation of coverage prior to their conducting such activities with members of the public.

5. the application shall be signed by an officer of the applicant.

B. The application for this limited license shall be supplemented by a detailed plan of operation to be submitted on forms prescribed by the commissioner, which shall request information deemed necessary, including but not limited to:

1. name of any appointing insurer(s), if applicable;

2. the lines of business the applicant intends to write; including:

a. personal accident insurance;

b. liability;

c. personal effects;

d. roadside assistance;

e. emergency sickness; or

f. any other travel or auto related coverage in connection with or incidental to rental transaction.

3. a list of all business locations within Louisiana from which business will be conducted under the license.

C. The application for this limited license shall be supplemented with a copy of the licensee's proposed Insurance Sales Material Disclosure as required by the Louisiana Insurance Code, which at a minimum shall:

1. be received by the department prior to its use and be subject to approval by the department;

2. summarize clearly and correctly, the material terms of coverage offered to renters, including the identity of insurer(s), if applicable;

3. disclose that policies offered by the rental company may provide a duplication of coverage already provided by a renter's personal automobile insurance policy, homeowner's insurance policy, personal liability insurance policy, or other source of coverage;

4. state that purchasing the kinds of coverage specified in this Part is not required when renting a vehicle;

5. describe the claims filing process.

D. The application for this limited license shall be supplemented with a copy of the licensee's proposed training program or syllabus as required by the Louisiana Insurance Code. The training program required by this Part shall:

1. be received by the department prior to its use and be subject to approval by the department;

2. include basic instruction about the kinds of coverage offered under the license;

3. include the following items:

a. renters of vehicles are not required to purchase the coverage offered through the licensee as a condition of renting a vehicle;

b. renters must be informed that coverage offered by the licensee may duplicate existing coverage of the renter and that the renter should consult with his or her insurance producer if the renter has any questions about existing coverage;

c. the rental period of the rental agreement can not exceed 90 consecutive days;

d. claims procedures;

e. the identity of any insurance company providing coverage offered by the licensee;

f. evidence of coverage in the rental agreement must be disclosed to every renter who elects to purchase such coverage;

g. employees of the licensee are not authorized to evaluate a renter's existing coverage.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10309. Renewals

A. A limited license expires on the last day of the month in which the second anniversary of the initial issuance occurs. Thereafter, the limited license shall expire on the second anniversary following each renewal.

B. Prior to expiration, the licensee shall notify the commissioner of its intention to continue the license on forms provided by the commissioner and shall submit the applicable renewal fee as set forth in this Part. Late filings will be assessed a late fee as authorized by R.S. 22:1078.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10311. Limitations of License

A. The rental company licensed pursuant to this Part may offer or sell insurance only in connection with and incidental to the rental of vehicles, whether at the rental office or by pre-selection of coverage in a master, corporate, individual, or group rental agreement, in any of the following general categories:

1. personal accident insurance covering the risks of travel including but not limited to accident and health insurance that provides coverage, as applicable, to renters and other rental vehicle occupants for accidental death or dismemberment and reimbursement for medical expenses resulting from an accident that occurs during the rental period;

2. liability insurance that provides coverage, as applicable, to renters and other authorized drivers of rental vehicles for liability arising from the operation of the rental vehicle;

3. personal effects insurance that provides coverage, as applicable, to renters and other vehicle occupants for the loss of or damage to personal effects that occurs during the rental period;

4. roadside assistance and emergency sickness protection programs;

5. any other travel or automobile-related coverage that a rental company offers in connection with and incidental to the rental of vehicles.

B. A limited license issued under this Part shall also authorize any employee of the limited licensee to act individually on behalf, and under the supervision of, the limited licensee with respect to the kinds of coverage specified in this Part.

1. The limited licensee shall keep a list of all persons who are authorized or who are selling insurance as provided herein. The list shall be produced to the commissioner within two weeks of written demand from the commissioner.

C. No limited licensee under this Part shall advertise, represent, or otherwise hold itself or any of its employees or agents out as licensed insurers or insurance producers.

1. The sale of insurance not in conjunction with a rental transaction is prohibited by the provisions of Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, §2101 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10313. Insurance Charges

A. Notwithstanding any other provision of this Part or any rule adopted by the Commissioner, a limited licensee pursuant to Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, §2101 et seq., shall not be required to treat monies collected from renters purchasing such insurance when renting vehicles as funds received in a fiduciary capacity, provided that the charges for coverage shall be itemized and be ancillary to a rental transaction. The sale of insurance not in conjunction with a rental transaction is prohibited by the provisions of this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10315. Penalties for Violations

A. In the event that any provision of Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, §2101 et seq., or other applicable provision of this Title is violated by a limited licensee, the commissioner may revoke, suspend, refuse to renew, or levy a fine not to exceed one thousand dollars for each violation, up to one hundred thousand dollars in the aggregate for all violations in a calendar year per limited licensee, or impose such other penalty as the commissioner may deem necessary or convenient to carry out the purpose of this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:

§10317. Applicability

A. All limited licensees under Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, §2101 et seq shall be subject to all other applicable provisions of this

Title unless specifically exempted by Part XVII of Chapter 2 of Title 22 of the Louisiana Revised Statutes of 1950, §2101 et. seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Commissioner of Insurance, LR 31:

§10319. Severability

A. If any provision or item of this regulation, or the application thereof, is held to be invalid, such invalidity shall not affect other provisions, items, or applications of the regulation, which can be given effect without the invalid provisions, item, or application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3, 22:2112, and the Administrative Procedure Act, R.S. 49:950 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Commissioner of Insurance, LR 31:

Persons interested in obtaining copies of the Rule or in making comments relative to these proposals may do so at the public hearing or by writing to Barry E. Ward, Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214. Comments will be accepted through the close of business at 4:30 p.m. on February 25, 2005.

J. Robert Wooley
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Limited Licensing for Motor Vehicle Rental Companies

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

DOI does not anticipate any implementation costs or savings to state or local governmental units as a result of adoption of Regulation 79. DOI currently licenses producers, so this is not a new or additional task; additional work, if any, can be absorbed by existing personnel. The maximum number of additional licenses that could result from adoption of Regulation 79 at this time is one thousand.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The maximum revenue possible from adoption of Regulation 79 would be $500,000 in the first year, then $250,000 every other year thereafter, assuming that all one thousand companies had more than 25 vehicles to rent and that all would seek licensure, then renewal. The actual revenue generated is likely to be less than this maximum.

Number of Vehicle Rental Companies in the state = 1,000 (approximately, based on data from LA Dept of Economic Development)

Initial License Fee for companies with more than 25 vehicles to rent = $500

Renewal Fee (every other year) for companies with more than 25 vehicles to rent = $250

Initial License Fee for companies with fewer than 25 vehicles to rent = $100

Renewal Fee (every other year) for companies with fewer than 25 vehicles to rent = $50

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Consumers should benefit by not purchasing duplicate coverages (i.e. If coverage from an existing policy would transfer to the rental vehicle, the consumer will have a choice of whether to purchase or reject such coverage(s). Regulation 79 requires that rental companies provide certain information to consumers so that they can make informed choices. It is impossible for DOI to estimate the amount of savings this might represent to consumers.

Rental companies are not currently licensing their employees who sell the subject insurance products in the state. Using the maximum amounts estimate in Item II (above), for initial and renewal licensing, combined initial licensure for all rental companies would be $500,000; combined renewal would be $250,000 every other year. Costs for the rental companies are likely to be lower than these estimates; however, if the rental companies were required to individually license all employees who would be selling the subject types of insurance, their costs would likely be higher than our maximum estimates.

Regulation 79 requires that all employees covered by the company's license meet certain criteria and be registered by DOI. The rental companies must also have certain plans, materials, etc., on file with DOI. It is impossible to determine the exact costs to rental companies.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The adoption of this regulation should have no impact on competition and employment.

Chad M. Brown	Robert E. Hosse
Deputy Commissioner	General Government Section Director
0501#104	Legislative Fiscal Office

NOTICE OF INTENT

Department of Labor
Office of Workers' Compensation

Medical Reimbursement Schedule
(LAC 40:I.2519, 5115, 5125, and 5157)

Notice is hereby given, in accordance with R.S. 49:950 et seq., that the Louisiana Department of Labor, Office of Workers Compensation, pursuant to authority vested in the Director of the Office of Workers Compensation by R.S. 23:1034.2 and R.S. 23:1203 and in accordance with applicable provisions of the Administrative Procedure Act, proposes to amend LAC 40:I.Subpart 1, 2519, 5115, 5125, and 5157 governing medical reimbursement for the treatment of injured workers. The proposed Rule which is set forth below amends Chapter 25, Section 2519 and Chapter 51, Sections 5115, 5125 and 5157.

Title 40
LABOR AND EMPLOYMENT
Part I. Workers' Compensation Administration
Subpart 1. Administrative Operations
Chapter 25. Hospital Reimbursement Schedule, Billing Instruction and Maintenance Procedures

§2519. Outlier Reimbursement and Appeals Procedures

A. Automatic Outliers. Inpatient hospital acute care services falling within certain diagnosis code ranges will be reimbursed outside the normal per diem reimbursement method. These atypical admissions will be paid at covered billed charges less a 15 percent discount. Conditions requiring acute care inpatient hospital services that are work related and are recognized as "automatic outliers" are:

1. AIDS: ICD-9 Diagnosis Codes 042-044;

2. Acute Myocardial Infarction: ICD-9 Diagnosis Code 410; and

3. Severe Burns: ICD-9 Diagnosis Codes 940-949.

B. - B.7.a. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), LR 31:

Chapter 51. Medical Reimbursement Schedule

§5115. Surgery Guidelines

A. General Guidelines

1.a. Global Surgery. The reimbursement allowances for surgical procedures are based on a global reimbursement concept that covers performing the basic service and the normal range of care required before and after surgery. The global reimbursement includes:

i. the initial evaluation or consultation by a surgeon will be paid separately. The pre-operative policy will include all pre-operative visits, in or out the hospital, by the surgeon beginning the day before the surgery;

ii. local anesthesia, such as infiltration, digital or topical anesthesia;

iii. normal, uncomplicated follow-up care for the time periods indicated in the follow-up days column to the right of each procedure code. The number in that column establishes the days during which no additional reimbursement is allowed for the usual care provided following surgery, absent complications or unusual circumstances. Follow-up days are specified by procedures. The day of surgery is day one when counting follow-up days;

iv. the global fee will include services such as dressing changes, local incisional care, removal of operative packs, removal of cutaneous sutures, staples, lines, wires, tubes, drains, casts and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines nasogastric and rectal tubes, and change and removal of tracheostomy tubes.

b. As used in the 2005 edition, the following codes in the column entitled Global Days have the following meanings:

i. YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ii. ZZZ = Code related to another service that is always included in the global period of the other service.

A.2. - F. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994), LR 31:

§5125. Special Instructions

A. - F.2. …

G. Maximum Non-Facility Allowance. When a service that is normally performed in a physician's office is performed in a hospital, a skilled nursing home, an ambulatory surgical center (ASC) or a community health center, a "site-of-service differential" may be applicable. The site-of-service differential is incorporated into the fee schedule, for CPT codes updated in the 2005 Fee Schedule, as the maximum non- facility allowance. The site of service differential may be applied only to procedures for which a maximum non- facility allowance is provided in the schedule. No site of service differential may be applied to any other procedures, even when Medicare or other payors apply such differentials.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation, LR 19:54 (January 1993), repromulgated LR 19:212 (February 1993), amended LR 20:1299 (November 1994).

§5157. Maximum Reimbursement Allowances

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
00100		Integ sys head or saliv glands; nos		5 + TM		
00102		Plastic repair of cleft lip		6 + TM		
00103		Blepharoplasty		5 + TM		
00104		Electroconvulsive therapy		4 + TM		
00120		Ext, mid, & inner ear inc bx; nos		5 + TM		
00124		Otoscopy		4 + TM		
00126		Tympanotomy		4 + TM		
00140		Procedures on eye nos		5 + TM		
00142		Lens surgery		6 + TM		
00144		Corneal transplant		6 + TM		
00145		Vitrectomy		6 + TM		*
00147		Iridectomy		6 + TM		
00148		Ophthalmoscopy		4 + TM		
00160		Nose & accessory sinuses nos		5 + TM		
00162		Nose, radical surgery		7 + TM		
00164		Nose, biopsy, soft tissue		4 + TM		
00170		Intraoral procedures, inc bx nos		5 + TM		
00172		Intraoral, repair of cleft palate		6 + TM		
00174		Intraoral exc retropharyngeal		6 + TM		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
		tumor				
00176		Intraoral radical surgery		7 + TM		
00190		Procedures on facial bones; nos		5 + TM		*
00192		Facial bones; radical surgery		7 + TM		
00210		Intracranial procedures; nos		11 + TM		
00212		Subdural taps		5 + TM		
00214		Burr holes		9 + TM		
00215		Skull fracture		9 + TM		*
00216		Intracranial vascular procedures		15 + TM		
00218		Intracranial proc sitting position		13 + TM		
00220		Spinal fluid shunting procedures		10 + TM		*
00222		Electrocoag intracranial nerve		6 + TM		
00300		Integ sys neck, inc subcut tissue		5 + TM		
00320		Neck procedures exc integ system		6 + TM		*
00322		Needle biopsy of thyroid		3 + TM		
00326		Laryx/Trach, < 1 yr		7 + TM		*
00350		Major vessels of neck; nos		10 + TM		
00352		Major vesels neck; simple ligation		5 + TM		
00400		Ant integ system chest; nos		3 + TM		
00402		Reconstructive procedures on breast		5 + TM		
00404		Radical/mod radical breast		5 + TM		
00406		Radical/mod breast w/node dissect		13 + TM		
00410		Cardioversion		4 + TM		
00450		Clavicle & scapula; nos		5 + TM		
00452		Clavicle & scapula; radical surgery		6 + TM		
00454		Biopsy of clavicle		3 + TM		
00470		Partial rib resection; nos		6 + TM		
00472		Thoracoplasty		10 + TM		
00474		Rib resection; radical procedures		13 + TM		
00500		Procedures on esophagus		15 + TM		
00520		Closed chest procedures nos		6 + TM		
00522		Needle biopsy of pleura		4 + TM		
00524		Pneumocentesis		4 + TM		
00528		Mediastinoscopy		8 + TM		*
00529		Mediastinoscopy		BR		*
00530		Transvenous pacemaker insertion		4 + TM		*
00532		Access central venous circulation		4 + TM		
00534		Transvenous cardioverter/defibrill		7 + TM		*
00537		Cardiac electrophys		7 + TM		*
00539		Trach-bronch resonstrustion		18 + TM		*
00540		Thoracotomy procedures; nos		13 + TM		
00541		One lung ventilation		15 + TM		*
00542		Decortication		15 + TM		
00546		Pulmonary resect w/thoracoplasty		15 + TM		
00548		Repair trauma trachea/bronchi		15 + TM		
00550		Sternal debridement		10 + TM		*
00560		Heart, pericardium, w/o pump		15 + TM		*
00561		Heart surgery < 1 yr		25 + TM		*
00562		Heart, pericardium, w/ pump		20 + TM		
00563		Heart surgery w/ arrest		25 + TM		*
00566		Cabg w/o pump		25 + TM		*
00580		Heart, heart/lung transplant		20 + TM		
00600		Cervical spine & cord; nos		10 + TM		
00604		Post cervical laminectomy sitting		13 + TM		*
00620		Thoracic spine & cord; nos		10 + TM		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
00622		Thoracolumbar sympathectomy		13 + TM		
00630		Procedures in lumbar region; nos		8 + TM		
00632		Lumbar sympathectomy		7 + TM		
00634		Chemonucleolysis		10 + TM		
00635		Lumbar puncture		4 + TM		*
00640		Spine manipulation		3 + TM		*
00670		Extensive spine/cord procedures		13 + TM		*
00700		Upper anterior abdominal wall nos		3 + TM		
00702		Percutaneous liver biopsy		4 + TM		
00730		Upper posterior abdominal wall		5 + TM		
00740		Upper gi endoscopic procedures		5 + TM		
00750		Hernia repairs upper abdomen nos		4 + TM		
00752		Lumbar & ventral hernias		6 + TM		
00754		Omphalocele		7 + TM		
00756		Transabd repair diaphragm hernia		7 + TM		
00770		Major abdominal blood vessels		15 + TM		
00790		Intraperitoneal proc upper abd; nos		7 + TM		
00792		Partial hepatectomy		13 + TM		*
00794		Pancreatectomy, partial or total		8 + TM		
00796		Liver transplant (recipient)		30 + TM		
00797		Surgery for obesity		8 + TM		*
00800		Lower anterior abdominal wall; nos		3 + TM		
00802		Panniculectomy		5 + TM		
00810		Intestinal endoscopic procedures		5 + TM		
00820		Lower posterior abdominal wall		5 + TM		
00830		Hernia repairs lower abdomen; nos		4 + TM		
00832		Ventral & incisional hernias		6 + TM		
00834		Hernia repair < 1 yr		6 + TM		*
00836		Hernia repair premature infant		6 + TM		*
00840		Intraperitoneal proc lower abd; nos		6 + TM		
00842		Amniocentesis		4 + TM		
00844		Abdominoperineal resection		7 + TM		
00846		Radical hysterectomy		8 + TM		
00848		Pelvic exenteration		8 + TM		
00851		Tubal ligation		6 + TM		*
00860		Extraperitoneal proc lower abd; nos		6 + TM		
00862		Renal procedures/donor nephrectomy		7 + TM		
00863		Radical prostatectomy		7 + TM		
00864		Total cystectomy		8 + TM		
00865		Radical prostatectomy		7 + TM		
00866		Adrenalectomy		10 + TM		
00868		Renal transplant (recipient)		10 + TM		
00870		Cystolithotomy		5 + TM		
00872		Lithotripsy, w/ water bath		7 + TM		
00873		Lithotripsy, w/o water bath		5 + TM		
00880		Major lower abdominal vessels; nos		15 + TM		
00882		Inferior vena cava ligation		10 + TM		
00902		Anorectal procedure		5 + TM		*
00904		Radical perineal procedure		7 + TM		
00906		Vulvectomy		4 + TM		
00908		Perineal prostatectomy		6 + TM		
00910		Transurethral procedures; nos		3 + TM		
00912		Tur bladder tumor(s)		5 + TM		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
00914		Transurethral resection prostate		5 + TM		
00916		Post turp bleeding		5 + TM		
00918		Fragment/removal ureteral calculus		5 + TM		
00920		Male external genitalia; nos		3 + TM		*
00921		Vasectomy		3 + TM		*
00922		Seminal vesicles		6 + TM		
00924		Undescended testis		4 + TM		
00926		Radical orchiectomy, inguinal		4 + TM		
00928		Radical orchiectomy, abdominal		6 + TM		
00930		Orchiopexy, unilateral or bilateral		4 + TM		
00932		Complete amputation of penis		4 + TM		
00934		Rad amp penis w/ bil ing lymphad		6 + TM		
00936		Rad amp penis w/ bil ing/iliac lymp		8 + TM		
00938		Insertion of penile prosthesis		4 + TM		
00940		Vaginal procedures; nos		3 + TM		
00942		Colpotomy, colpectomy, colporrhaphy		4 + TM		*
00944		Vaginal hysterectomy		6 + TM		
00948		Cervical cerclage		4 + TM		
00950		Culdoscopy		5 + TM		
00952		Hysteroscopy		4 + TM		
01112		Bone aspirate/BX		5 + TM		*
01120		Bony pelvis		6 + TM		
01130		Body cast application or revision		3 + TM		
01140		Interpelviabdominal amputation		15 + TM		
01150		Rad proc tumor pelvis,		8 + TM		
01160		Closed procedures symphysis pubis		4 + TM		
01170		Open proc symphysis pubis/sacroilia		8 + TM		
01173		Procedure repair pelvis		12 + TM		*
01180		Obturator neurectomy; extrapelvic		3 + TM		
01190		Intrapelvic		4 + TM		
01200		Closed procedures hip joint		4 + TM		
01202		Arthroscopic procedures hip joint		4 + TM		
01210		Open procedures hip joint; nos		6 + TM		
01212		Hip disarticulation		10 + TM		
01214		Total hip arthroplasty		8 + TM		*
01215		Revision of total hip arthroplasty		10 + TM		*
01216		Revision of total hip arthroplasty		10 + TM		
01220		Closed procedures upper femur		4 + TM		
01230		Open procedures upper femur; nos		6 + TM		
01232		Amputation		5 + TM		
01234		Radical resection		8 + TM		
01250		Nerves, muscles, etc, upper leg		4 + TM		
01260		Veins upper leg, including explore		3 + TM		
01270		Arteries upper leg, inc bypass; nos		8 + TM		
01272		Femoral artery ligation		4 + TM		
01274		Femoral artery embolectomy		6 + TM		
01320		Nerves, muscles, etc, knee		4 + TM		
01340		Closed procedures lower femur		4 + TM		
01360		Open procedures lower of femur		5 + TM		
01380		Closed procedures knee joint		3 + TM		
01382		Arthroscopic procedures knee joint		3 + TM		*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
01390		Closed procedures uppr tibia/fibula		3 + TM		
01392		Open procedures upper tibia/fibula		4 + TM		
01400		Open procedures on knee joint; nos		4 + TM		*
01402		Total knee replacement		7 + TM		*
01404		Disarticulation at knee		5 + TM		
01420		Cast apply, remove, repair knee		3 + TM		
01430		Veins of knee & popliteal area; nos		3 + TM		
01432		Arteriovenous fistula		6 + TM		
01440		Arteries knee & popliteal area nos		5 + TM		
01442		Popliteal thromboendarterectomy		8 + TM		
01444		Popliteal excision & graft		8 + TM		
01462		Closed proc lwr leg, ankle, & foot		3 + TM		
01464		Arthroscopic procedures ankle joint		3 + TM		*
01470		Nerves, muscles, etc, lower leg		3 + TM		
01472		Repair ruptured achilles tendon,		5 + TM		
01474		Gastrocnemius recession		5 + TM		
01480		Open procedures bones lower leg		3 + TM		
01482		Radical resection		4 + TM		*
01484		Osteotomy/osteoplasty tibia/fibula		4 + TM		
01486		Total ankle replacement		7 + TM		
01490		Lower leg cast, removal, or repair		3 + TM		
01500		Arteries lower leg, inc bypass; nos		8 + TM		
01502		Embolectomy, direct or catheter		6 + TM		
01520		Veins of lower leg nos		3 + TM		
01522		Venous thrombectomy, dir catheter		5 + TM		
01610		Nerves, muscles, etc, shoulder		5 + TM		
01620		Closed proc humeral head & neck		4 + TM		
01622		Arthroscopic procedures shoulder		4 + TM		*
01630		Open procedures humeral head & neck		5 + TM		*
01632		Radical resection		6 + TM		
01634		Shoulder disarticulation		9 + TM		
01636		Interthoracoscapular amputation		15 + TM		
01638		Total shoulder replacement		10 + TM		
01650		Arteries of shoulder & axilla nos		6 + TM		
01652		Axillary-brachial aneurysm		10 + TM		
01654		Bypass graft		8 + TM		
01656		Axillaryfemoral bypass graft		10 + TM		
01670		Procedures veins shoulder & axilla		4 + TM		
01680		Shoulder cast, removal, repair nos		3 + TM		
01682		Shoulder spica		4 + TM		
01710		Nerves, muscles, etc, of upper arm		3 + TM		
01712		Tenotomy, elbow to shoulder, open		5 + TM		
01714		Tenoplasty, elbow to shoulder		5 + TM		
01716		Tenodesis, rupt long tendon biceps		5 + TM		
01730		Closed procedures humerus &		3 + TM		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
		elbow				
01732		Arthroscopic procedures elbow joint		3 + TM		*
01740		Open procedures humerus & elbow nos		4 + TM		*
01742		Osteotomy of humerus		5 + TM		
01744		Repair nonunion/malunion of humerus		5 + TM		
01756		Radical procedures		6 + TM		
01758		Excision cyst or tumor of humerus		5 + TM		
01760		Total elbow replacement		7 + TM		
01770		Arteries of upper arm & elbow; nos		6 + TM		
01772		Embolectomy		6 + TM		
01780		Veins of upper arm & elbow; nos		3 + TM		
01782		Phleborrhaphy		4 + TM		
01810		Nerves, muscles, etc, forearm/wrist		3 + TM		
01820		Closed proc lwr arm, wrist or hand		3 + TM		
01829		Diagnostic wrist arthroscopy		3 + TM		*
01830		Open proc lwr arm, wrist or hand		3 + TM		*
01832		Total wrist replacement		6 + TM		
01840		Arteries forearm, wrist, & hand nos		6 + TM		
01842		Embolectomy		6 + TM		
01844		Vascular shunt, shunt revision		6 + TM		
01850		Veins forearm, wrist, & hand nos		3 + TM		
01852		Phleborrhaphy		4 + TM		
01860		Forearm, wrist, or hand cast applic		3 + TM		
01905		Spine injection, xray RE		5 + TM		*
01916		Arteriograms, needle carotid/vert		5 + TM		*
01920		Cardiac catheterization		7 + TM		*
01922		CAT/MRI		7 + TM		
01924		Ther Intervent rad. Art		5 + TM		*
01925		Ther intervent rad. Car		7 + TM		*
01926		Ther intervent rad hrt/cran		8 + TM		*
01930		Ther intervent rad vein		5 + TM		*
01931		Ther intervent rad. Tip		7 + TM		*
01932		Ther Intervent rad. th vein		6 + TM		*
01933		Ther intervent rad cran v		7 + TM		*
01951		Burn, less then 4 percent		3 + TM		*
01952		Burn, 4-9 percent		5 + TM		*
01953		Burn, each 9 percent		1 + TM		*
01958		Antepartum manipul		5 + TM		*
01960		Vaginal delivery		5 + TM		*
01961		CS delivery		7 + TM		*
01962		Emergency hysterectomy		8 + TM		*
01963		CS hysterectomy		8 + TM		*
01964		Abortion procedures		4 + TM		*
01967		Vaginal delivery		5 + TM		*
01968		CS delivery add-on		2 + TM		*
01969		CS hysterectomy add-on		5 + TM		*
01990		Harvest organ(s) brain dead patient		7 + TM		
01991		Nerve blocks and injections		3 + TM		*
01992		Nerve blocks and injections prone		5 + TM		*
01995		Regional iv local anesthetic agent		5		*
01996		Daily mgmt epidur/subarach drug adm		3		*
01997		Daily mgmt intravenous pat. cntrld.		2		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
01999		Unlisted anesthesia procedure(s)		BR		
10021		Fna w/o image		$250	$135	*
10022		Fna w/image		$276	$125	*
10040		Acne surgery	10	$119		
10060		Drainage of skin abscess	10	$113		
10061		Drainage of skin abscess	10	$226		
10080		Drainage of pilonidal cyst	10	$154		
10081		Drainage of pilonidal cyst	10	$260		
10120		Remove foreign body	10	$121		
10121		Remove foreign body	10	$266		
10140		Drainage of hematoma/fluid	10	$143		
10160		Puncture drainage of lesion	10	$112		
10180		Complex drainage, wound	10	$243		
11000		Surgical cleansing of skin	0	$96		
11001		Debride infected skin add-on.		$42		
11004		Debride genitalia & perineum	0	$1,055	$1,055	*
11005		Debride abdom wall	0	$1,437	$1,437	*
11006		Debride genit/per/abdom wall	0	$1,328	$1,328	*
11008		Remove mesh from abd wall	ZZZ	$541	$541	*
11010		Debride skin, fx.....	10	$591		
11011		Debride skin/muscle, fx.	0	$713		
11012		Debride skin/muscle/ bone, fx.	0	$994		
11040		Surgical cleansing, abrasion	0	$67		
11041		Surgical cleansing of skin	0	$103		
11042		Cleansing of skin/tissue	0	$131		
11043		Cleansing of tissue/muscle	10	$282		
11044		Cleansing tissue/muscle/bone	10	$397		
11055		Trim skin lesion.....	0	$40		
11056		Trim skin lesions, 2 to 4.	0	$55		
11057		Trim skin lesions, over 4.	0	$59		
11100		Biopsy, skin lesion	0	$149	$86	*
11101		Biopsy, skin add-on...		$56		
11200		Removal of skin tags	10	$82		
11201		Remove skin tags add- on.		$37		
11300		Shave skin lesion	0	$78		
11301		Shave skin lesion	0	$112		
11302		Shave skin lesion	0	$144		
11303		Shave skin lesion	0	$196		
11305		Shave skin lesion	0	$89		
11306		Shave skin lesion	0	$126		
11307		Shave skin lesion	0	$154		
11308		Shave skin lesion	0	$212		
11310		Shave skin lesion	0	$105		
11311		Shave skin lesion	0	$140		
11312		Shave skin lesion	0	$172		
11313		Shave skin lesion	0	$231		
11400		Exc tr-ext b9+marg 0.5 < cm	10	$206	$128	*
11401		Exc tr-ext b9+marg 0.6-1 cm	10	$240	$167	*
11402		Exc tr-ext b9+marg 1.1-2 cm	10	$274	$193	*
11403		Exc tr-ext b9+marg 2.1-3 cm	10	$308	$233	*
11404		Exc tr-ext b9+marg 3.1-4 cm	10	$352	$260	*
11406		Exc tr-ext b9+marg > 4.0 cm	10	$435	$335	*
11420		Exc h-f-nk-sp b9+marg 0.5 <	10	$201	$142	*
11421		Exc h-f-nk-sp b9+marg 0.6-1	10	$256	$189	*
11422		Exc h-f-nk-sp b9+marg 1.1-2	10	$286	$220	*
11423		Exc h-f-nk-sp b9+marg 2.1-3	10	$340	$259	*
11424		Exc h-f-nk-sp b9+marg 3.1-4	10	$388	$303	*
11426		Exc h-f-nk-sp b9+marg > 4 cm	10	$544	$446	*
11440		Exc face-mm b9+marg 0.5 < cm	10	$237	$174	*
11441		Exc face-mm b9+marg 0.6-1 cm	10	$279	$220	*
11442		Exc face-mm b9+marg 1.1-2 cm	10	$313	$244	*
11443		Exc face-mm b9+marg 2.1-3 cm	10	$384	$306	*
11444		Exc face-mm b9+marg 3.1-4 cm	10	$489	$398	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
11446		Exc face-mm b9+marg > 4 cm	10	$634	$544	*
11450		Removal, sweat gland lesion	90	$404		
11451		Removal, sweat gland lesion	90	$507		
11462		Removal, sweat gland lesion	90	$364		
11463		Removal, sweat gland lesion	90	$434		
11470		Removal, sweat gland lesion	90	$448		
11471		Removal, sweat gland lesion	90	$511		
11600		Exc tr-ext mlg+marg 0.5 < cm	10	$286	$169	*
11601		Exc tr-ext mlg+marg 0.6-1 cm	10	$328	$223	*
11602		Exc tr-ext mlg+marg 1.1-2 cm	10	$347	$237	*
11603		Exc tr-ext mlg+marg 2.1-3 cm	10	$384	$261	*
11604		Exc tr-ext mlg+marg 3.1-4 cm	10	$423	$283	*
11606		Exc tr-ext mlg+marg > 4 cm	10	$556	$391	*
11620		Exc h-f-nk-sp mlg+marg 0.5 <	10	$275	$159	*
11621		Exc h-f-nk-sp mlg+marg 0.6-1	10	$325	$221	*
11622		Exc h-f-nk-sp mlg+marg 1.1-2	10	$368	$257	*
11623		Exc h-f-nk-sp mlg+marg 2.1-3	10	$435	$311	*
11624		Exc h-f-nk-sp mlg+marg 3.1-4	10	$501	$362	*
11626		Exc h-f-nk-sp mlg+mar > 4 cm	10	$664	$505	*
11640		Exc face-mm malig+marg 0.5 <	10	$291	$181	*
11641		Exc face-mm malig+marg 0.6-1	10	$379	$273	*
11642		Exc face-mm malig+marg 1.1-2	10	$438	$318	*
11643		Exc face-mm malig+marg 2.1-3	10	$507	$376	*
11644		Exc face-mm malig+marg 3.1-4	10	$643	$485	*
11646		Exc face-mm mlg+marg > 4 cm	10	$871	$710	*
11719		Trim nail(s).....	0	$30		
11720		Debride nail, 1-5.....	0	$49		
11721		Debride nail, 6 or more.	0	$80		
11730		Removal of nail plate	0	$115		
11732		Remove nail plate, add on.		$60		
11740		Drain blood from under nail	0	$56		
11750		Removal of nail bed	10	$280		
11752		Remove nail bed/finger tip	10	$393		
11755		Biopsy, nail unit	0	$215	$158	*
11760		Reconstruction of nail bed	10	$181		
11762		Reconstruction of nail bed	10	$400		
11765		Excision of nail fold, toe	10	$86		
11770		Removal of pilonidal lesion	10	$402		
11771		Removal of pilonidal lesion	90	$750		
11772		Removal of pilonidal lesion	90	$863		
11900		Injection into skin lesions	0	$56		
11901		Added skin lesion injections	0	$88		
11920		Correct skin color defects	0	BR		
11921		Correct skin color defects	0	BR		
11922		Correct skin color defects.		$64		
11950		Therapy for contour defects	0	BR		
11951		Therapy for contour defects	0	BR		
11952		Therapy for contour defects	0	BR		
11954		Therapy for contour defects	0	BR		
11960		Insert tissue expander(s)	90	$1,081		
11970		Replace tissue expander	90	$1,187		
11971		Remove tissue expander(s)	90	$442		
11975		Insert contraceptive cap		BR		
11976		Removal of contraceptive cap		BR		
11977		Remove/reinsert contra cap		BR		
11980		Implant hormone pellet(s).	0	BR		
11981		Insert drug implant device		$234	$162	*
11982		Remove drug implant device		$276	$197	*
11983		Remove/insert drug implant		$413	$355	*
12001		Repair superficial wound(s)	10	$161		
12002		Repair superficial wound(s)	10	$189		
12004		Repair superficial wound(s)	10	$243		
12005		Repair superficial wound(s)	10	$313		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
12006		Repair superficial wound(s)	10	$396		
12007		Repair superficial wound(s)	10	$430		
12011		Repair superficial wound(s)	10	$178		
12013		Repair superficial wound(s)	10	$216		
12014		Repair superficial wound(s)	10	$262		
12015		Repair superficial wound(s)	10	$347		
12016		Repair superficial wound(s)	10	$448		
12017		Repair superficial wound(s)	10	$590		
12018		Repair superficial wound(s)	10	$787		
12020		Closure of split wound	10	$279		
12021		Closure of split wound	10	$179		
12031		Layer closure of wound(s)	10	$205		
12032		Layer closure of wound(s)	10	$253		
12034		Layer closure of wound(s)	10	$318		
12035		Layer closure of wound(s)	10	$392		
12036		Layer closure of wound(s)	10	$474		
12037		Layer closure of wound(s)	10	$580		
12041		Layer closure of wound(s)	10	$230		
12042		Layer closure of wound(s)	10	$282		
12044		Layer closure of wound(s)	10	$346		
12045		Layer closure of wound(s)	10	$421		
12046		Layer closure of wound(s)	10	$523		
12047		Layer closure of wound(s)	10	$650		
12051		Layer closure of wound(s)	10	$250		
12052		Layer closure of wound(s)	10	$307		
12053		Layer closure of wound(s)	10	$354		
12054		Layer closure of wound(s)	10	$444		
12055		Layer closure of wound(s)	10	$566		
12056		Layer closure of wound(s)	10	$740		
12057		Layer closure of wound(s)	10	$847		
13100		Repair of wound or lesion	10	$307		
13101		Repair of wound or lesion	10	$436		
13102		Repair wound/lesion add-on.		BR		
13120		Repair of wound or lesion	10	$338		
13121		Repair of wound or lesion	10	$514		
13122		Repair wound/lesion add-on.		BR		
13131		Repair of wound or lesion	10	$421		
13132		Repair of wound or lesion	10	$653		
13133		Repair wound/lesion add-on.		BR		
13150		Repair of wound or lesion	10	$407		
13151		Repair of wound or lesion	10	$510		
13152		Repair of wound or lesion	10	$857		
13153		Repair wound/lesion add-on.		BR		
13160		Late closure of wound	90	$952		
14000		Skin tissue rearrangement	90	$653		
14001		Skin tissue rearrangement	90	$941		
14020		Skin tissue rearrangement	90	$812		
14021		Skin tissue rearrangement	90	$1,169		
14040		Skin tissue rearrangement	90	$1,034		
14041		Skin tissue rearrangement	90	$1,391		
14060		Skin tissue rearrangement	90	$1,193		
14061		Skin tissue rearrangement	90	$1,641		
14300		Skin tissue rearrangement	90	$1,693		
14350		Skin tissue rearrangement	90	$1,145		
15000		Skin graft.....	0	$471		
15001		Skin graft add-on.....		$135		
15050		Skin pinch graft procedure	90	$424		
15100		Skin split graft.....	90	$1,039		
15101		Skin split graft add- on.		$249		
15120		Skin split graft.....	90	$1,208		
15121		Skin split graft add- on.		$410		
15200		Skin full graft procedure	90	$870		
15201		Skin full graft add-on		$232		
15220		Skin full graft procedure	90	$928		
15221		Skin full graft add-on		$216		
15240		Skin full graft procedure	90	$1,092		
15241		Skin full graft add-on		$319		
15260		Skin full graft procedure	90	$1,275		
15261		Skin full graft add-on		$376		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
15342		Cultured skin graft, 25 cm	10	$210	$118	*
15343		Culture skn graft addl 25 cm	ZZZ	$26	$26	*
15350		Skin homograft.....	90	$537		
15351		Skin homograft add-on.		$118		
15400		Skin heterograft.....	90	$413		
15401		Skin heterograft add- on.		$118		
15570		Form skin pedicle flap	90	$1,051		
15572		Form skin pedicle flap	90	$1,004		
15574		Form skin pedicle flap	90	$992		
15576		Form skin pedicle flap	90	$566		
15600		Skin graft procedure	90	$474		
15610		Skin graft procedure	90	$475		
15620		Skin graft procedure	90	$577		
15630		Skin graft procedure	90	$623		
15650		Transfer skin pedicle flap	90	$682		
15732		Muscle-skin graft, head/neck	90	$2,681	$2,268	*
15734		Muscle-skin graft, trunk	90	$2,744		
15736		Muscle-skin graft, arm	90	$2,441		
15738		Muscle-skin graft, leg	90	$2,034		
15740		Island pedicle flap graft	90	$1,520		
15750		Neurovascular pedicle graft	90	$1,741		
15756		Free myo/skin flap microvasc	90	$4,275	$4,275	*
15757		Free skin flap, microvasc.	90	$4,835		
15758		Free fascial flap, microvasc.	90	$4,826		
15760		Composite skin graft	90	$1,181		
15770		Derma-fat-fascia graft	90	$1,081		
15775		Hair transplant punch grafts	0	BR		
15776		Hair transplant punch grafts	0	BR		
15780		Abrasion treatment of skin	90	$594		
15781		Abrasion treatment of skin	90	$625		
15782		Abrasion treatment of skin	90	$390		
15783		Abrasion treatment of skin	90	$439		
15786		Abrasion treatment of lesion	10	$189		
15787		Abrasion, lesions, add on.		$41		
15788		Chemical peel, face, epiderm	90	$321		
15789		Chemical peel, face, dermal	90	$390		
15792		Chemical peel, nonfacial	90	$206		
15793		Chemical peel, nonfacial	90	$261		
15810		Salabrasion	90	$607		
15811		Salabrasion	90	$681		
15819		Plastic surgery, neck	90	$1,257		
15820		Revision of lower eyelid	90	$830		
15821		Revision of lower eyelid	90	$952		
15822		Revision of upper eyelid	90	$799		
15823		Revision of upper eyelid	90	$1,060		
15824		Removal of forehead wrinkles		BR		
15825		Removal of neck wrinkles		BR		
15826		Removal of brow wrinkles		BR		
15828		Removal of face wrinkles		BR		
15829		Removal of skin wrinkles		BR		
15831		Excise excessive skin tissue	90	$1,664		
15832		Excise excessive skin tissue	90	$1,457		
15833		Excise excessive skin tissue	90	$1,229		
15834		Excise excessive skin tissue	90	$1,314		
15835		Excise excessive skin tissue	90	$1,359		
15836		Excise excessive skin tissue	90	$1,113		
15837		Excise excessive skin tissue	90	$1,055		
15838		Excise excessive skin tissue	90	$949		
15839		Excise excessive skin tissue	90	$838		
15840		Graft for face nerve palsy	90	$2,130		
15841		Graft for face nerve palsy	90	$2,914		
15842		Flap for face nerve palsy	90	$4,657	$4,657	*
15845		Skin and muscle repair, face	90	$2,129		
15850		Removal of sutures		BR		
15851		Removal of sutures	0	$84		
15852		Dressing change,not for burn	0	$97		
15860		Test for blood flow in graft	0	$215	$211	*
15876		Suction assisted lipectomy		BR		
15877		Suction assisted lipectomy		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
15878		Suction assisted lipectomy		BR		
15879		Suction assisted lipectomy		BR		
15920		Removal of tail bone ulcer	90	$775		
15922		Removal of tail bone ulcer	90	$1,157		
15931		Remove sacrum pressure sore	90	$822		
15933		Remove sacrum pressure sore	90	$1,274		
15934		Remove sacrum pressure sore	90	$1,442		
15935		Remove sacrum pressure sore	90	$1,881		
15936		Remove sacrum pressure sore.	90	$1,702		
15937		Remove sacrum pressure sore	90	$2,061		
15940		Removal of pressure sore	90	$883		
15941		Removal of pressure sore	90	$1,316		
15944		Removal of pressure sore	90	$1,505		
15945		Removal of pressure sore	90	$1,738		
15946		Remove hip pressure sore.	90	$2,841		
15950		Remove thigh pressure sore	90	$735		
15951		Remove thigh pressure sore	90	$1,332		
15952		Remove thigh pressure sore	90	$1,323		
15953		Remove thigh pressure sore	90	$1,582		
15956		Remove thigh pressure sore.	90	$2,408		
15958		Remove thigh pressure sore	90	$2,507		
15999		Removal of pressure sore		BR		
16000		Initial treatment of burn(s)	0	$90		
16010		Treatment of burn(s)	0	$87		
16015		Treatment of burn(s)	0	$338		
16020		Treatment of burn(s)	0	$83		
16025		Treatment of burn(s)	0	$166		
16030		Treatment of burn(s)	0	$190		
16035		Incision of burn scab, initi	90	$409	$409	*
16036		Escharotomy; add'l incision	ZZZ	$163	$163	*
17000		Destroy benign/premlg lesion	10	$113	$83	*
17003		Destroy lesions, 2-14.		$28		
17004		Destroy lesions, 15 or more	10	$370	$320	*
17106		Destruction of skin lesions	90	$471		
17107		Destruction of skin lesions	90	$931		
17108		Destruction of skin lesions	90	$1,636		
17110		Destruct lesion, 1-14	10	$164	$99	*
17111		Destruct lesion, 15 or more.	10	$120		
17250		Chemical cautery, tissue	0	$63		
17260		Destruction of skin lesions	10	$158	$115	*
17261		Destruction of skin lesions	10	$187		
17262		Destruction of skin lesions	10	$249		
17263		Destruction of skin lesions	10	$298		
17264		Destruction of skin lesions	10	$336		
17266		Destruction of skin lesions	10	$418		
17270		Destruction of skin lesions	10	$218	$160	*
17271		Destruction of skin lesions	10	$238		
17272		Destruction of skin lesions	10	$291		
17273		Destruction of skin lesions	10	$342		
17274		Destruction of skin lesions	10	$430		
17276		Destruction of skin lesions	10	$502		
17280		Destruction of skin lesions	10	$201	$144	*
17281		Destruction of skin lesions	10	$279		
17282		Destruction of skin lesions	10	$339		
17283		Destruction of skin lesions	10	$416		
17284		Destruction of skin lesions	10	$496		
17286		Destruction of skin lesions	10	$660		
17304		1 stage mohs, up to 5 spec	0	$1,145	$813	*
17305		2nd stage chemosurgery	0	$374		
17306		3rd stage chemosurgery	0	$309		
17307		Followup skin lesion therapy	0	$315		
17310		Mohs any stage > 5 spec each	ZZZ	$184	$102	*
17340		Cryotherapy of skin	10	$73		
17360		Skin peel therapy	10	$120		
17380		Hair removal by electrolysis		BR		
17999		Skin tissue procedure		BR		
19000		Drainage of breast lesion	0	$91		
19001		Drain breast lesion add-on.		$64		
19020		Incision of breast lesion	90	$358		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
19030		Injection for breast x-ray	0	$147		
19100		Bx breast percut w/o image	0	$249	$131	*
19101		Biopsy of breast, open	10	$571	$388	*
19102		Bx breast percut w/image	0	$423	$198	*
19103		Bx breast percut w/device	0	$1,097	$370	*
19110		Nipple exploration	90	$505		
19112		Excise breast duct fistula	90	$440		
19120		Removal of breast lesion	90	$766	$661	*
19125		Excision, breast lesion	90	$824	$717	*
19126		Excision, addl breast lesion	ZZZ	$306	$306	*
19140		Removal of breast tissue	90	$715		
19160		Partial mastectomy	90	$722	$722	*
19162		Remove breast tissue, nodes	90	$1,709		
19180		Removal of breast	90	$1,057		
19182		Removal of breast	90	$1,035		
19200		Removal of breast	90	$1,883		
19220		Removal of breast	90	$1,936		
19240		Removal of breast	90	$1,850		
19260		Removal of chest wall lesion	90	$1,416		
19271		Revision of chest wall	90	$2,392		
19272		Extensive chest wall surgery	90	$2,452		
19290		Place needle wire, breast	0	$126		
19291		Place needle wire, breast.		$86		
19295		Place breast clip, percut	ZZZ	$191	$191	*
19296		Place po breast cath for rad	0	$9,172	$391	*
19297		Place breast cath for rad	ZZZ	$179	$179	*
19298		Place breast rad tube/caths	0	$3,445	$627	*
19316		Suspension of breast	90	$1,794		
19318		Reduction of large breast	90	$2,105		
19324		Enlarge breast	90	$674		
19325		Enlarge breast with implant	90	$1,066		
19328		Removal of breast implant	90	$695		
19330		Removal of implant material	90	$836		
19340		Immediate breast prosthesis		$1,284		
19342		Delayed breast prosthesis	90	$1,662		
19350		Breast reconstruction	90	$1,181		
19355		Correct inverted nipple(s)	90	$934		
19357		Breast reconstruction	90	$2,212		
19361		Breast reconstruction	90	$2,961		
19364		Breast reconstruction	90	$3,388		
19366		Breast reconstruction	90	$2,791		
19367		Breast reconstruction	90	$3,412		
19368		Breast reconstruction	90	$3,861		
19369		Breast reconstruction	90	$3,688		
19370		Surgery of breast capsule	90	$1,058		
19371		Removal of breast capsule	90	$1,295		
19380		Revise breast reconstruction	90	$1,297		
19396		Design custom breast implant	0	BR		
19499		Breast surgery procedure		BR		
20000		Incision of abscess	10	$197		
20005		Incision of deep abscess	10	$363		
20100		Explore wound, neck...	10	$1,143		
20101		Explore wound, chest..	10	$372		
20102		Explore wound, abdomen	10	$458		
20103		Explore wound, extremity.	10	$615		
20150		Excise epiphyseal bar.	90	$1,901		
20200		Muscle biopsy	0	$196		
20205		Deep muscle biopsy	0	$323		
20206		Needle biopsy, muscle	0	$148		
20220		Bone biopsy, trocar/needle	0	$189		
20225		Bone biopsy, trocar/needle	0	$1,881	$228	*
20240		Bone biopsy, excisional	10	$440	$440	*
20245		Bone biopsy, excisional	10	$545		
20250		Open bone biopsy	10	$741		
20251		Open bone biopsy	10	$844		
20500		Injection of sinus tract	10	$112		
20501		Inject sinus tract for x-ray	0	$77		
20520		Removal of foreign body	10	$184		
20525		Removal of foreign body	10	$410		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
20526		Ther injection, carp tunnel	0	$144	$112	*
20550		Inj tendon sheath/ligament	0	$109	$75	*
20551		Inj tendon origin/insertion	0	$107	$82	*
20552		Inj trigger point, 1/2 muscl	0	$101	$65	*
20553		Inject trigger points, =/> 3	0	$115	$72	*
20600		Drain/inject, joint/bursa	0	$99	$77	*
20605		Drain/inject, joint/bursa	0	$108	$79	*
20610		Drain/inject joint/bursa	0	$92		
20612		Aspirate/inj ganglion cyst	0	$106	$82	*
20615		Treatment of bone cyst	10	$197		
20650		Insert and remove bone pin	10	$233		
20660		Apply,remove fixation device	0	$304		
20661		Application of head brace	90	$619		
20662		Application of pelvis brace	90	$927		
20663		Application of thigh brace	90	$728		
20664		Halo brace application	90	$940		
20665		Removal of fixation device	10	$130		
20670		Removal of support implant	10	$180		
20680		Removal of support implant	90	$503		
20690		Apply bone fixation device	90	$550		
20692		Apply bone fixation device	90	$907		
20693		Adjust bone fixation device	90	$590		
20694		Remove bone fixation device	90	$483		
20802		Replantation, arm, complete.	90	$5,778		
20805		Replant, forearm, complete.	90	$7,222		
20808		Replantation hand, complete.	90	$8,745		
20816		Replantation digit, complete.	90	$4,710		
20822		Replantation digit, complete.	90	$3,961		
20824		Replantation thumb, complete.	90	$4,633		
20827		Replantation thumb, complete.	90	$4,061		
20838		Replantation foot, complete.	90	$5,911		
20900		Removal of bone for graft	90	$586		
20902		Removal of bone for graft	90	$885		
20910		Remove cartilage for graft	90	$419		
20912		Remove cartilage for graft	90	$801		
20920		Removal of fascia for graft	90	$658		
20922		Removal of fascia for graft	90	$789		
20924		Removal of tendon for graft	90	$874		
20926		Removal of tissue for graft	90	$567		
20930		Spinal bone allograft.		BR		
20931		Spinal bone allograft.		$263		
20936		Spinal bone autograft.		BR		
20937		Spinal bone autograft.		$402		
20938		Spinal bone autograft.		$434		
20950		Record fluid pressure,muscle	0	$178		
20955		Microvascular fibula graft	90	BR		
20956		Iliac bone graft, microvasc.	90	$5,021		
20957		Mt bone graft, microvasc.	90	$5,079		
20962		Other bone graft, microvasc.	90	$5,010		
20969		Bone/skin graft, microvasc.	90	$6,207		
20970		Bone/skin graft, iliac crest.	90	$6,061		
20972		Bone-skin graft, metatarsal	90	BR		
20973		Bone-skin graft, great toe	90	BR		
20974		Electrical bone stimulation	0	$325		
20975		Electrical bone stimulation	0	$460		
20979		Us bone stimulation...	0	BR		
20982		Ablate, bone tumor(s) perq	0	$8,330	$775	*
20999		Musculoskeletal surgery		BR		
21010		Incision of jaw joint	90	$1,432		
21015		Resection of facial tumor	90	$877		
21025		Excision of bone, lower jaw	90	$677		
21026		Excision of facial bone(s)	90	$563		
21029		Contour of face bone lesion	90	$1,219		
21030		Excise max/zygoma b9 tumor	90	$803	$711	*
21031		Remove exostosis, mandible	90	$425		
21032		Remove exostosis, maxilla	90	$602		
21034		Excise max/zygoma mlg tumor	90	$2,393	$2,162	*
21040		Excise mandible lesion	90	$809	$690	*
21044		Removal of jaw bone lesion	90	$1,539		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
21045		Extensive jaw surgery	90	$2,161		
21046		Remove mandible cyst complex	90	$1,893	$1,893	*
21047		Excise lwr jaw cyst w/repair	90	$2,429	$2,429	*
21048		Remove maxilla cyst complex	90	$1,940	$1,940	*
21049		Excis uppr jaw cyst w/repair	90	$2,308	$2,308	*
21050		Removal of jaw joint	90	$1,662		
21060		Remove jaw joint cartilage	90	$1,571		
21070		Remove coronoid process	90	$1,083		
21076		Prepare face/oral prosthesis.	10	$2,008		
21077		Prepare face/oral prosthesis.	90	$5,049		
21079		Prepare face/oral prosthesis.	90	$3,548		
21080		Prepare face/oral prosthesis	90	BR		
21081		Prepare face/oral prosthesis	90	BR		
21082		Prepare face/oral prosthesis	90	BR		
21083		Prepare face/oral prosthesis	90	BR		
21084		Prepare face/oral prosthesis	90	BR		
21085		Prepare face/oral prosthesis	10	BR		
21086		Prepare face/oral prosthesis	90	BR		
21087		Prepare face/oral prosthesis	90	BR		
21088		Prepare face/oral prosthesis	90	BR		
21089		Prepare face/oral prosthesis	90	BR		
21100		Maxillofacial fixation	90	$369		
21110		Interdental fixation	90	$781		
21116		Injection, jaw joint x-ray	0	$114		
21120		Reconstruction of chin	90	$620		
21121		Reconstruction of chin	90	$975		
21122		Reconstruction of chin	90	$1,074		
21123		Reconstruction of chin	90	$1,404		
21125		Augmentation lower jaw bone	90	$813		
21127		Augmentation lower jaw bone	90	$1,364		
21137		Reduction of forehead	90	BR		
21138		Reduction of forehead	90	BR		
21139		Reduction of forehead	90	BR		
21141		Reconstruct midface, lefort.	90	$2,359		
21142		Reconstruct midface, lefort.	90	$2,452		
21143		Reconstruct midface, lefort.	90	$2,548		
21145		Reconstruct midface, lefort.	90	$2,513		
21146		Reconstruct midface, lefort.	90	$2,608		
21147		Reconstruct midface, lefort.	90	$2,728		
21150		Reconstruct midface, lefort	90	BR		
21151		Reconstruct midface, lefort	90	BR		
21154		Reconstruct midface, lefort	90	BR		
21155		Reconstruct midface, lefort	90	BR		
21159		Reconstruct midface, lefort	90	BR		
21160		Reconstruct midface, lefort	90	BR		
21172		Reconstruct orbit/forehead	90	BR		
21175		Reconstruct orbit/forehead	90	BR		
21179		Reconstruct entire forehead	90	BR		
21180		Reconstruct entire forehead	90	BR		
21181		Contour cranial bone lesion	90	BR		
21182		Reconstruct cranial bone	90	$3,834	$3,834	*
21183		Reconstruct cranial bone	90	$4,291	$4,291	*
21184		Reconstruct cranial bone	90	$4,662	$4,662	*
21188		Reconstruction of midface	90	BR		
21193		Reconstruct lower jaw bone.	90	$2,171		
21194		Reconstruct lower jaw bone	90	$2,460		
21195		Reconstruct lower jaw bone.	90	$2,206		
21196		Reconstruct lower jaw bone	90	$2,345		
21198		Reconstr lwr jaw segment	90	$2,005	$2,005	*
21199		Reconstr lwr jaw w/advance	90	$1,879	$1,879	*
21206		Reconstruct upper jaw bone	90	$1,748		
21208		Augmentation of facial bones	90	$1,550		
21209		Reduction of facial bones	90	$824		
21210		Face bone graft	90	$1,635		
21215		Lower jaw bone graft	90	$1,809		
21230		Rib cartilage graft	90	$1,567		
21235		Ear cartilage graft	90	$1,091		
21240		Reconstruction of jaw joint	90	$2,560		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
21242		Reconstruction of jaw joint	90	$2,607		
21243		Reconstruction of jaw joint	90	$2,482		
21244		Reconstruction of lower jaw	90	$2,132		
21245		Reconstruction of jaw	90	$1,689		
21246		Reconstruction of jaw	90	$1,524		
21247		Reconstruct lower jaw bone	90	$3,575		
21248		Reconstruction of jaw	90	$2,246		
21249		Reconstruction of jaw	90	$3,926		
21255		Reconstruct lower jaw bone	90	$2,641		
21256		Reconstruction of orbit	90	$2,558		
21260		Revise eye sockets	90	$2,609		
21261		Revise eye sockets	90	$3,459		
21263		Revise eye sockets	90	$4,490		
21267		Revise eye sockets	90	$2,435		
21268		Revise eye sockets	90	$2,927		
21270		Augmentation cheek bone	90	$1,636		
21275		Revision orbitofacial bones	90	$1,466		
21280		Revision of eyelid	90	$952		
21282		Revision of eyelid	90	$788		
21295		Revision of jaw muscle/bone	90	$179		
21296		Revision of jaw muscle/bone	90	$553		
21299		Cranio/maxillofacial surgery		BR		
21300		Treatment of skull fracture	0	$145		
21310		Treatment of nose fracture	0	$109		
21315		Treatment of nose fracture	10	$243		
21320		Treatment of nose fracture	10	$331		
21325		Repair of nose fracture	90	$577		
21330		Repair of nose fracture	90	$874		
21335		Repair of nose fracture	90	$1,511		
21336		Repair nasal septal fracture	90	$706		
21337		Repair nasal septal fracture	90	$405		
21338		Repair nasoethmoid fracture	90	$830		
21339		Repair nasoethmoid fracture	90	$1,087		
21340		Repair of nose fracture	90	$1,417		
21343		Repair of sinus fracture	90	$1,582		
21344		Repair of sinus fracture	90	$2,030		
21345		Repair of nose/jaw fracture	90	$1,157		
21346		Repair of nose/jaw fracture	90	$1,441		
21347		Repair of nose/jaw fracture	90	$1,670		
21348		Repair of nose/jaw fracture	90	$2,064		
21355		Repair cheek bone fracture	10	$372		
21356		Repair cheek bone fracture	10	$793		
21360		Repair cheek bone fracture	90	$1,006		
21365		Repair cheek bone fracture	90	$1,979		
21366		Repair cheek bone fracture	90	$2,198		
21385		Repair eye socket fracture	90	$1,365		
21386		Repair eye socket fracture	90	$1,337		
21387		Repair eye socket fracture	90	$1,237		
21390		Repair eye socket fracture	90	$1,610		
21395		Repair eye socket fracture	90	$1,618		
21400		Treat eye socket fracture	90	$228		
21401		Repair eye socket fracture	90	$421		
21406		Repair eye socket fracture	90	$885		
21407		Repair eye socket fracture	90	$1,127		
21408		Repair eye socket fracture	90	$1,490		
21421		Treat mouth roof fracture	90	$819		
21422		Repair mouth roof fracture	90	$1,329		
21423		Repair mouth roof fracture	90	$1,466		
21431		Treat craniofacial fracture	90	$943		
21432		Repair craniofacial fracture	90	$1,109		
21433		Repair craniofacial fracture	90	$3,097		
21435		Repair craniofacial fracture	90	$2,212		
21436		Repair craniofacial fracture	90	$3,039		
21440		Repair dental ridge fracture	90	$416		
21445		Repair dental ridge fracture	90	$829		
21450		Treat lower jaw fracture	90	$416		
21451		Treat lower jaw fracture	90	$857		
21452		Treat lower jaw fracture	90	$242		
21453		Treat lower jaw fracture	90	$876		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
21454		Treat lower jaw fracture	90	$1,414		
21461		Repair lower jaw fracture	90	$1,434		
21462		Repair lower jaw fracture	90	$1,617		
21465		Repair lower jaw fracture	90	$1,455		
21470		Repair lower jaw fracture	90	$2,341		
21480		Reset dislocated jaw	0	$117		
21485		Reset dislocated jaw	90	$433		
21490		Repair dislocated jaw	90	$1,268		
21493		Treat hyoid bone fracture	90	$201		
21494		Repair hyoid bone fracture	90	$993		
21495		Repair hyoid bone fracture	90	$754		
21497		Interdental wiring	90	$563		
21499		Head surgery procedure		BR		
21501		Drain neck/chest lesion	90	$397		
21502		Drain chest lesion	90	$808		
21510		Drainage of bone lesion	90	$663		
21550		Biopsy of neck/chest	10	$211		
21555		Remove lesion neck/chest	90	$421		
21556		Remove lesion neck/chest	90	$689		
21557		Remove tumor, neck or chest	90	$1,308		
21600		Partial removal of rib	90	$825		
21610		Partial removal of rib	90	$1,025		
21615		Removal of rib.....	90	$1,532		
21616		Removal of rib and nerves	90	$1,407		
21620		Partial removal of sternum	90	$1,000		
21627		Sternal debridement	90	$850		
21630		Extensive sternum surgery.	90	$2,374		
21632		Extensive sternum surgery	90	$2,150		
21685		Hyoid myotomy & suspension	90	$1,702	$1,702	*
21700		Revision of neck muscle	90	$745		
21705		Revision of neck muscle/rib	90	$1,050		
21720		Revision of neck muscle	90	$694		
21725		Revision of neck muscle	90	$859		
21740		Reconstruction of sternum	90	$1,939	$1,939	*
21742		Repair stern/nuss w/o scope	90	BR	BR	*
21743		Repair sternum/nuss w/scope	90	BR	BR	*
21750		Repair of sternum separation	90	$1,305	$1,305	*
21800		Treatment of rib fracture	90	$124		
21805		Treatment of rib fracture	90	$293		
21810		Treatment of rib fracture(s)	90	$1,035		
21820		Treat sternum fracture	90	$194		
21825		Repair sternum fracture	90	$1,051		
21899		Neck/chest surgery procedure		BR		
21920		Biopsy soft tissue of back	10	$206		
21925		Biopsy soft tissue of back	90	$460		
21930		Remove lesion, back or flank	90	$691		
21935		Remove tumor of back	90	$1,770		
22100		Remove part of neck vertebra.	90	$1,310		
22101		Remove part, thorax vertebra	90	$1,129		
22102		Remove part, lumbar vertebra	90	$976		
22103		Remove extra spine segment.		$335		
22110		Remove part of neck vertebra.	90	$1,708		
22112		Remove part, thorax vertebra	90	$1,637		
22114		Remove part, lumbar vertebra	90	$1,417		
22116		Remove extra spine segment.		$332		
22210		Revision of neck spine	90	$2,867		
22212		Revision of thorax spine	90	$2,708		
22214		Revision of lumbar spine	90	$2,544		
22216		Revise, extra spine segment.		$818		
22220		Revision of neck spine	90	$2,839		
22222		Revision of thorax spine	90	$2,502		
22224		Revision of lumbar spine	90	$2,653		
22226		Revise, extra spine segment.		$819		
22305		Treat spine process fracture	90	$329		
22310		Treat spine fracture..	90	$426		
22315		Treat spine fracture..	90	$1,120		
22318		Treat odontoid fx w/o graft.	90	BR		
22319		Treat odontoid fx w/ graft.	90	BR		
22325		Treat spine fracture..	90	$2,061		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
22326		Treat neck spine fracture.	90	$2,678		
22327		Treat thorax spine fracture.	90	$2,620		
22328		Treat each add spine fx.		$656		
22505		Manipulation of spine	10	$230		
22520		Percut vertebroplasty thor	10	$5,103	$1,093	*
22521		Percut vertebroplasty lumb	10	$4,653	$1,036	*
22522		Percut vertebroplasty add'l	ZZZ	$473	$473	*
22532		Lat thorax spine fusion	90	$3,038	$3,038	*
22533		Lat lumbar spine fusion	90	$2,808	$2,808	*
22534		Lat thor/lumb, add'l seg	ZZZ	$723	$723	*
22548		Neck spine fusion.....	90	$3,611		
22554		Neck spine fusion.....	90	$2,850		
22556		Thorax spine fusion...	90	$3,348		
22558		Lumbar spine fusion...	90	$3,150		
22585		Additional spinal fusion.		$798		
22590		Spine & skull spinal fusion.	90	$3,102		
22595		Neck spinal fusion....	90	$3,021		
22600		Neck spine fusion.....	90	$2,531		
22610		Thorax spine fusion...	90	$2,485		
22612		Lumbar spine fusion...	90	$3,083		
22614		Spine fusion, extra segment.		$884		
22630		Lumbar spine fusion...	90	$2,945		
22632		Spine fusion, extra segment.		$745		
22800		Fusion of spine.....	90	$2,850		
22802		Fusion of spine.....	90	$4,383		
22804		Fusion of spine.....	90	$4,809		
22808		Fusion of spine.....	90	$3,368		
22810		Fusion of spine.....	90	$3,677		
22812		Fusion of spine.....	90	$4,352		
22818		Kyphectomy, 1-2 segments.	90	$4,421		
22819		Kyphectomy, 3 or more.	90	$4,781		
22830		Exploration of spinal fusion	90	$1,803		
22840		Insert spine fixation device.		$1,408		
22841		Insert spine fixation device.		BR		
22842		Insert spine fixation device.		$1,457		
22843		Insert spine fixation device.		$1,652		
22844		Insert spine fixation device.		$2,015		
22845		Insert spine fixation device.		$1,343		
22846		Insert spine fixation device.		$1,524		
22847		Insert spine fixation device.		$1,691		
22848		Insert pelv fixation device.		$876		
22849		Reinsert spinal fixation	90	$1,882		
22850		Remove spine fixation device	90	$1,391		
22851		Apply spine prosth device.		$974		
22852		Remove spine fixation device	90	$1,400		
22855		Remove spine fixation device	90	$1,260		
22899		Spine surgery procedure		BR		
22900		Remove abdominal wall lesion	90	$721		
22999		Abdomen surgery procedure		BR		
23000		Removal of calcium deposits	90	$959	$668	*
23020		Release shoulder joint	90	$1,249		
23030		Drain shoulder lesion	10	$402		
23031		Drain shoulder bursa	10	$230		
23035		Drain shoulder bone lesion.	90	$1,237		
23040		Exploratory shoulder surgery.	90	$1,424		
23044		Exploratory shoulder surgery.	90	$1,103		
23065		Biopsy shoulder tissues	10	$212		
23066		Biopsy shoulder tissues	90	$374		
23075		Removal of shoulder lesion.	10	$339		
23076		Removal of shoulder lesion	90	$801		
23077		Remove tumor of shoulder	90	$1,657		
23100		Biopsy of shoulder joint.	90	$992		
23101		Shoulder joint surgery	90	$924		
23105		Remove shoulder joint lining.	90	$1,331		
23106		Incision of collarbone joint.	90	$848		
23107		Explore,treat shoulder joint	90	$1,368		
23120		Partial removal, collarbone	90	$850		
23125		Removal of collarbone	90	$1,321		
23130		Remove shoulder bone, part.	90	$1,135		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
23140		Removal of bone lesion	90	$802		
23145		Removal of bone lesion	90	$1,274		
23146		Removal of bone lesion	90	$962		
23150		Removal of humerus lesion	90	$1,094		
23155		Removal of humerus lesion	90	$1,399		
23156		Removal of humerus lesion	90	$1,195		
23170		Remove collarbone lesion	90	$840		
23172		Remove shoulder blade lesion	90	$859		
23174		Remove humerus lesion	90	$1,308		
23180		Remove collar bone lesion.	90	$1,098		
23182		Remove shoulder blade lesion.	90	$1,222		
23184		Remove humerus lesion.	90	$1,475		
23190		Partial removal of scapula	90	$980		
23195		Removal of head of humerus	90	$1,371		
23200		Removal of collarbone	90	$1,520		
23210		Removal of shoulderblade	90	$1,545		
23220		Partial removal of humerus.	90	$2,035		
23221		Partial removal of humerus	90	$2,544		
23222		Partial removal of humerus	90	$2,405		
23330		Remove shoulder foreign body	10	$172		
23331		Remove shoulder foreign body.	90	$804		
23332		Remove shoulder foreign body.	90	$1,632		
23350		Injection for shoulder x-ray	0	$320	$99	*
23395		Muscle transfer, shoulder/arm.	90	$2,127		
23397		Muscle transfers	90	$2,233		
23400		Fixation of shoulderblade	90	$1,733		
23405		Incision of tendon & muscle.	90	$1,195		
23406		Incise tendon(s) & muscle(s).	90	$1,545		
23410		Repair rotator cuff, acute	90	$1,697	$1,697	*
23412		Repair of tendon(s)	90	$1,998		
23415		Release of shoulder ligament	90	$1,099		
23420		Repair of shoulder....	90	$2,098		
23430		Repair biceps tendon..	90	$1,345		
23440		Remove/transplant tendon.	90	$1,376		
23450		Repair shoulder capsule.	90	$1,968		
23455		Repair shoulder capsule.	90	$2,230		
23460		Repair shoulder capsule.	90	$2,211		
23462		Repair shoulder capsule	90	$2,282		
23465		Repair shoulder capsule.	90	$2,254		
23466		Repair shoulder capsule.	90	$2,232		
23470		Reconstruct shoulder joint.	90	$2,530		
23472		Reconstruct shoulder joint.	90	$2,749		
23480		Revision of collarbone	90	$1,286		
23485		Revision of collarbone	90	$1,834		
23490		Reinforce clavicle	90	$1,564		
23491		Reinforce shoulder bones.	90	$2,033		
23500		Treat clavicle fracture	90	$270		
23505		Treat clavicle fracture	90	$460		
23515		Repair clavicle fracture	90	$1,067		
23520		Treat clavicle dislocation	90	$255		
23525		Treat clavicle dislocation	90	$400		
23530		Repair clavicle dislocation	90	$1,027		
23532		Repair clavicle dislocation	90	$1,133		
23540		Treat clavicle dislocation	90	$272		
23545		Treat clavicle dislocation	90	$378		
23550		Repair clavicle dislocation	90	$1,176		
23552		Repair clavicle dislocation	90	$1,153		
23570		Treat shoulderblade fracture	90	$287		
23575		Treat shoulderblade fracture	90	$500		
23585		Repair scapula fracture	90	$1,232		
23600		Treat humerus fracture	90	$430		
23605		Treat humerus fracture	90	$714		
23615		Treat humerus fracture	90	$1,401	$1,401	*
23616		Repair humerus fracture	90	$3,238		
23620		Treat humerus fracture	90	$431		
23625		Treat humerus fracture	90	$571		
23630		Treat humerus fracture	90	$1,171		
23650		Treat shoulder dislocation	90	$395		
23655		Treat shoulder dislocation	90	$540		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
23660		Repair shoulder dislocation	90	$1,244		
23665		Treat dislocation/ fracture.	90	$637		
23670		Treat dislocation/ fracture.	90	$1,278		
23675		Treat dislocation/fracture	90	$718		
23680		Repair dislocation/fracture	90	$1,686		
23700		Fixation of shoulder	10	$347		
23800		Fusion of shoulder joint.	90	$2,233		
23802		Fusion of shoulder joint.	90	$2,317		
23900		Amputation of arm & girdle	90	$2,362		
23920		Amputation at shoulder joint	90	$2,123		
23921		Amputation follow-up surgery	90	$712		
23929		Shoulder surgery procedure		BR		
23930		Drainage of arm lesion	10	$328		
23931		Drainage of arm bursa.	10	$240		
23935		Drain arm/elbow bone lesion	90	$781		
24000		Exploratory elbow surgery.	90	$946		
24006		Release elbow joint	90	$1,204		
24065		Biopsy arm/elbow soft tissue	10	$207		
24066		Biopsy arm/elbow soft tissue.	90	$639		
24075		Remove arm/elbow lesion	90	$837	$556	*
24076		Remove arm/elbow lesion	90	$856	$856	*
24077		Remove tumor of arm/elbow	90	$1,617		
24100		Biopsy elbow joint lining.	90	$704		
24101		Explore/treat elbow joint	90	$1,071		
24102		Remove elbow joint lining.	90	$1,279		
24105		Removal of elbow bursa	90	$555		
24110		Remove humerus lesion	90	$1,132		
24115		Remove/graft bone lesion	90	$1,267		
24116		Remove/graft bone lesion	90	$1,580		
24120		Remove elbow lesion	90	$946		
24125		Remove/graft bone lesion	90	$977		
24126		Remove/graft bone lesion	90	$1,159		
24130		Removal of head of radius	90	$974		
24134		Removal of arm bone lesion	90	$1,339		
24136		Remove radius bone lesion	90	$1,206		
24138		Remove elbow bone lesion	90	$1,048		
24140		Partial removal of arm bone.	90	$1,451		
24145		Partial removal of radius.	90	$1,116		
24147		Partial removal of elbow.	90	$1,125		
24149		Radical resection of elbow.	90	$1,992		
24150		Extensive humerus surgery	90	$2,035		
24151		Extensive humerus surgery	90	$2,165		
24152		Extensive radius surgery	90	$1,237		
24153		Extensive radius surgery	90	$1,636		
24155		Removal of elbow joint	90	$1,669		
24160		Remove elbow joint implant	90	$925		
24164		Remove radius head implant	90	$865		
24200		Removal of arm foreign body	10	$166		
24201		Removal of arm foreign body.	90	$556		
24220		Injection for elbow x-ray	0	$133		
24300		Manipulate elbow w/anesth	90	$714	$714	*
24301		Muscle/tendon transfer	90	$1,339		
24305		Arm tendon lengthening	90	$822		
24310		Revision of arm tendon	90	$726		
24320		Repair of arm tendon	90	$1,451		
24330		Revision of arm muscles	90	$1,370		
24331		Revision of arm muscles	90	$1,508		
24332		Tenolysis, triceps	90	$1,095	$1,095	*
24340		Repair of biceps tendon.	90	$1,128		
24341		Repair arm tendon/ muscle.	90	$1,126		
24342		Repair of ruptured tendon.	90	$1,571		
24343		Repr elbow lat ligmnt w/tiss	90	$1,289	$1,289	*
24344		Reconstruct elbow lat ligmnt	90	$1,973	$1,973	*
24345		Repr elbw med ligmnt w/tissu	90	$1,280	$1,280	*
24346		Reconstruct elbow med ligmnt	90	$1,959	$1,959	*
24350		Repair of tennis elbow	90	$707		
24351		Repair of tennis elbow	90	$781		
24352		Repair of tennis elbow	90	$903		
24354		Repair of tennis elbow	90	$902		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
24356		Revision of tennis elbow	90	$1,051		
24360		Reconstruct elbow joint.	90	$1,923		
24361		Reconstruct elbow joint	90	$2,027		
24362		Reconstruct elbow joint	90	$2,007		
24363		Replace elbow joint...	90	$2,897		
24365		Reconstruct head of radius	90	$1,178		
24366		Reconstruct head of radius	90	$1,524		
24400		Revision of humerus	90	$1,441		
24410		Revision of humerus	90	$2,151		
24420		Revision of humerus	90	$1,926		
24430		Repair of humerus	90	$2,072		
24435		Repair humerus with graft	90	$2,220		
24470		Revision of elbow joint.	90	$1,226		
24495		Decompression of forearm	90	$1,022		
24498		Reinforce humerus.....	90	$1,696		
24500		Treat humerus fracture	90	$418		
24505		Treat humerus fracture	90	$711		
24515		Repair humerus fracture	90	$1,566		
24516		Treat humerus fracture	90	$1,611	$1,611	*
24530		Treat humerus fracture	90	$457		
24535		Treat humerus fracture	90	$859		
24538		Treat humerus fracture	90	$1,281		
24545		Repair humerus fracture	90	$1,502		
24546		Repair humerus fracture	90	$1,856		
24560		Treat humerus fracture	90	$360		
24565		Treat humerus fracture	90	$653		
24566		Treat humerus fracture	90	$1,005		
24575		Repair humerus fracture	90	$1,341		
24576		Treat humerus fracture	90	$364		
24577		Treat humerus fracture	90	$712		
24579		Repair humerus fracture	90	$1,456		
24582		Treat humerus fracture	90	$1,098		
24586		Repair elbow fracture	90	$2,226		
24587		Repair elbow fracture	90	$2,134		
24600		Treat elbow dislocation	90	$446		
24605		Treat elbow dislocation	90	$549		
24615		Repair elbow dislocation	90	$1,383		
24620		Treat elbow fracture	90	$777		
24635		Repair elbow fracture	90	$1,788		
24640		Treat elbow dislocation	10	$159		
24650		Treat radius fracture	90	$325		
24655		Treat radius fracture	90	$541		
24665		Repair radius fracture	90	$1,130		
24666		Repair radius fracture	90	$1,468		
24670		Treatment of ulna fracture	90	$327		
24675		Treatment of ulna fracture	90	$607		
24685		Repair ulna fracture	90	$1,279		
24800		Fusion of elbow joint.	90	$1,614		
24802		Fusion/graft of elbow joint.	90	$1,922		
24900		Amputation of upper arm	90	$1,263		
24920		Amputation of upper arm	90	$1,180		
24925		Amputation follow-up surgery	90	$965		
24930		Amputation follow-up surgery	90	$1,326		
24931		Amputate upper arm & implant	90	$1,750		
24935		Revision of amputation	90	$2,145		
24940		Revision of upper arm	90	BR		
24999		Upper arm/elbow surgery		BR		
25000		Incision of tendon sheath.	90	$586		
25001		Incise flexor carpi radialis	90	$576	$576	*
25020		Decompress forearm 1 space	90	$1,163	$1,163	*
25023		Decompression of forearm	90	$1,287		
25024		Decompress forearm 2 spaces	90	$1,295	$1,295	*
25025		Decompress forearm 2 spaces	90	$2,000	$2,000	*
25028		Drainage of forearm lesion	90	$516		
25031		Drainage of forearm bursa.	90	$463		
25035		Treat forearm bone lesion.	90	$1,156		
25040		Explore/treat wrist joint.	90	$1,013		
25065		Biopsy forearm soft tissues	10	$229		
25066		Biopsy forearm soft tissues.	90	$507		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
25075		Removal forearm lesion subcu	90	$718	$718	*
25076		Removal forearm lesion deep	90	$1,076	$1,076	*
25077		Remove tumor, forearm/wrist	90	$1,373		
25085		Incision of wrist capsule.	90	$848		
25100		Biopsy of wrist joint.	90	$666		
25101		Explore/treat wrist joint	90	$780		
25105		Remove wrist joint lining.	90	$990		
25107		Remove wrist joint cartilage.	90	$957		
25110		Remove wrist tendon lesion	90	$500		
25111		Remove wrist tendon lesion	90	$497		
25112		Reremove wrist tendon lesion	90	$621		
25115		Remove wrist/forearm lesion	90	$1,036		
25116		Remove wrist/forearm lesion	90	$1,132		
25118		Excise wrist tendon sheath	90	$762		
25119		Partial removal of ulna	90	$1,015		
25120		Removal of forearm lesion	90	$946		
25125		Remove/graft forearm lesion	90	$1,058		
25126		Remove/graft forearm lesion	90	$1,066		
25130		Removal of wrist lesion	90	$706		
25135		Remove & graft wrist lesion	90	$921		
25136		Remove & graft wrist lesion	90	$798		
25145		Remove forearm bone lesion	90	$898		
25150		Partial removal of ulna	90	$1,015		
25151		Partial removal of radius	90	$965		
25170		Extensive forearm surgery	90	$1,540		
25210		Removal of wrist bone	90	$795		
25215		Removal of wrist bones	90	$1,239		
25230		Partial removal of radius	90	$798		
25240		Partial removal of ulna.	90	$862		
25246		Injection for wrist x-ray	0	$143		
25248		Remove forearm foreign body.	90	$646		
25250		Removal of wrist prosthesis	90	$910		
25251		Removal of wrist prosthesis	90	$1,326		
25259		Manipulate wrist w/anesthes	90	$713	$713	*
25260		Repair forearm tendon/muscle	90	$901		
25263		Repair forearm tendon/muscle	90	$1,003		
25265		Repair forearm tendon/muscle	90	$1,337		
25270		Repair forearm tendon/muscle	90	$682		
25272		Repair forearm tendon/muscle	90	$761		
25274		Repair forearm tendon/muscle	90	$1,680	$1,680	*
25275		Repair forearm tendon sheath	90	$1,232	$1,232	*
25280		Revise wrist/forearm tendon	90	$831		
25290		Incise wrist/forearm tendon	90	$560		
25295		Release wrist/forearm tendon	90	$696		
25300		Fusion of tendons at wrist	90	$1,204		
25301		Fusion of tendons at wrist	90	$1,136		
25310		Transplant forearm tendon	90	$1,132		
25312		Transplant forearm tendon	90	$1,275		
25315		Revise palsy hand tendon(s).	90	$1,498		
25316		Revise palsy hand tendon(s)	90	$1,661		
25320		Repair/revise wrist joint	90	$1,682	$1,682	*
25332		Revise wrist joint....	90	$1,636		
25335		Realignment of hand	90	$1,776		
25337		Reconstruct ulna/radioulnar	90	$1,341		
25350		Revision of radius	90	$1,210		
25355		Revision of radius	90	$1,428		
25360		Revision of ulna	90	$1,082		
25365		Revise radius & ulna	90	$1,664		
25370		Revise radius or ulna	90	$1,842		
25375		Revise radius & ulna	90	$1,878		
25390		Shorten radius/ulna	90	$1,428		
25391		Lengthen radius/ulna	90	$1,836		
25392		Shorten radius & ulna	90	$1,949		
25393		Lengthen radius & ulna	90	$2,226		
25394		Repair carpal bone, shorten	90	$1,419	$1,419	*
25400		Repair radius or ulna	90	$1,616		
25405		Repair/graft radius or ulna	90	$2,404	$2,404	*
25415		Repair radius & ulna	90	$1,839		
25420		Repair/graft radius & ulna	90	$2,635	$2,635	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
25425		Repair/graft radius or ulna	90	$1,864		
25426		Repair/graft radius & ulna	90	$2,037		
25430		Vasc graft into carpal bone	90	$1,265	$1,265	*
25431		Repair nonunion carpal bone	90	$1,468	$1,468	*
25440		Repair/graft wrist bone	90	$1,518	$1,518	*
25441		Reconstruct wrist joint	90	$1,806		
25442		Reconstruct wrist joint	90	$1,318		
25443		Reconstruct wrist joint	90	$1,453	$1,453	*
25444		Reconstruct wrist joint	90	$1,589		
25445		Reconstruct wrist joint	90	$1,512		
25446		Wrist replacement	90	$2,751		
25447		Repair wrist joint(s).	90	$1,534		
25449		Remove wrist joint implant	90	$1,613		
25450		Revision of wrist joint	90	$1,145		
25455		Revision of wrist joint	90	$1,365		
25490		Reinforce radius	90	$1,362		
25491		Reinforce ulna	90	$1,426		
25492		Reinforce radius and ulna	90	$1,755		
25500		Treat fracture of radius	90	$349		
25505		Treat fracture of radius	90	$641		
25515		Repair fracture of radius	90	$1,237		
25520		Treat fracture of radius	90	$1,002	$945	*
25525		Repair fracture of radius	90	$1,746		
25526		Treat fracture of radius	90	$2,027	$2,027	*
25530		Treat fracture of ulna	90	$335		
25535		Treat fracture of ulna	90	$639		
25545		Repair fracture of ulna	90	$1,212		
25560		Treat fracture radius & ulna	90	$343		
25565		Treat fracture radius & ulna	90	$754		
25574		Treat fracture radius & ulna	90	$1,225		
25575		Repair fracture radius/ulna	90	$1,551		
25600		Treat fracture radius/ulna	90	$406		
25605		Treat fracture radius/ulna	90	$703		
25611		Repair fracture radius/ulna	90	$998		
25620		Repair fracture radius/ulna	90	$1,162		
25622		Treat wrist bone fracture	90	$357		
25624		Treat wrist bone fracture	90	$604		
25628		Repair wrist bone fracture	90	$1,140		
25630		Treat wrist bone fracture	90	$369		
25635		Treat wrist bone fracture	90	$569		
25645		Treat wrist bone fracture	90	$1,068	$1,068	*
25650		Repair wrist bone fracture	90	$417		
25651		Pin ulnar styloid fracture	90	$826	$826	*
25652		Treat fracture ulnar styloid	90	$1,119	$1,119	*
25660		Treat wrist dislocation	90	$468		
25670		Repair wrist dislocation	90	$1,113		
25671		Pin radioulnar dislocation	90	$930	$930	*
25675		Treat wrist dislocation	90	$500		
25676		Repair wrist dislocation	90	$1,131		
25680		Treat wrist fracture	90	$597		
25685		Repair wrist fracture	90	$1,378		
25690		Treat wrist dislocation	90	$763		
25695		Repair wrist dislocation	90	$1,144		
25800		Fusion of wrist joint.	90	$1,559		
25805		Fusion/graft of wrist joint	90	$1,806		
25810		Fusion/graft of wrist joint	90	$1,726		
25820		Fusion of hand bones..	90	$1,219		
25825		Fusion hand bones with graft	90	$1,545		
25830		Fusion, radioulnar jnt ulna.	90	$1,520		
25900		Amputation of forearm	90	$1,171		
25905		Amputation of forearm	90	$1,179		
25907		Amputation follow-up surgery	90	$992		
25909		Amputation follow-up surgery	90	$1,060		
25915		Amputation of forearm	90	BR		
25920		Amputate hand at wrist	90	$1,153		
25922		Amputate hand at wrist	90	$958		
25924		Amputation follow-up surgery	90	$1,174		
25927		Amputation of hand	90	$1,117		
25929		Amputation follow-up surgery	90	$908		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
25931		Amputation follow-up surgery	90	$906		
25999		Forearm or wrist surgery		BR		
26010		Drainage of finger abscess	10	$144		
26011		Drainage of finger abscess	10	$278		
26020		Drain hand tendon sheath.	90	$753		
26025		Drainage of palm bursa	90	$809		
26030		Drainage of palm bursa(s).	90	$984		
26034		Treat hand bone lesion	90	$924		
26035		Decompress fingers/hand	90	$1,020		
26037		Decompress fingers/hand	90	$998		
26040		Release palm contracture.	90	$583		
26045		Release palm contracture	90	$773		
26055		Incise finger tendon sheath.	90	$509		
26060		Incision of finger tendon.	90	$381		
26070		Explore/treat hand joint.	90	$589		
26075		Explore/treat finger joint.	90	$680		
26080		Explore/treat finger joint	90	$526		
26100		Biopsy hand joint lining.	90	$563		
26105		Biopsy finger joint lining.	90	$704		
26110		Biopsy finger joint lining	90	$484		
26115		Removal hand lesion subcut	90	$1,242	$652	*
26116		Removal hand lesion, deep	90	$875	$875	*
26117		Remove tumor, hand/finger	90	$1,007		
26121		Release palm contracture.	90	$1,298		
26123		Release palm contracture.	90	$1,478		
26125		Release palm contracture.		$543		
26130		Remove wrist joint lining	90	$780		
26135		Revise finger joint, each	90	$874		
26140		Revise finger joint, each	90	$782		
26145		Tendon excision, palm/ finger.	90	$970		
26160		Remove tendon sheath lesion	90	$1,134	$549	*
26170		Removal of palm tendon, each	90	$559		
26180		Removal of finger tendon.	90	$754		
26185		Remove finger bone....	90	$751		
26200		Remove hand bone lesion	90	$740		
26205		Remove/graft bone lesion	90	$1,039		
26210		Removal of finger lesion	90	$674		
26215		Remove/graft finger lesion	90	$942		
26230		Partial removal of hand bone.	90	$900		
26235		Partial removal, finger bone	90	$758		
26236		Partial removal, finger bone	90	$671		
26250		Extensive hand surgery	90	$1,125		
26255		Extensive hand surgery	90	$1,568		
26260		Extensive finger surgery.	90	$1,094		
26261		Extensive finger surgery	90	$1,242		
26262		Partial removal of finger.	90	$895		
26320		Removal of implant from hand	90	$556		
26340		Manipulate finger w/anesth	90	$550	$550	*
26350		Repair finger/hand tendon	90	$1,524	$1,524	*
26352		Repair/graft hand tendon	90	$1,059		
26356		Repair finger/hand tendon	90	$1,959	$1,959	*
26357		Repair finger/hand tendon	90	$1,809	$1,809	*
26358		Repair/graft hand tendon	90	$1,229		
26370		Repair finger/hand tendon.	90	$1,212		
26372		Repair/graft hand tendon.	90	$1,330		
26373		Repair finger/hand tendon.	90	$1,330		
26390		Revise hand/finger tendon	90	$1,691	$1,691	*
26392		Repair/graft hand tendon	90	$2,019	$2,019	*
26410		Repair hand tendon....	90	$746		
26412		Repair/graft hand tendon	90	$913		
26415		Excision, hand/finger tendon	90	$1,494	$1,494	*
26416		Graft hand or finger tendon	90	$1,754	$1,754	*
26418		Repair finger tendon..	90	$734		
26420		Repair/graft finger tendon	90	$921		
26426		Repair finger/hand tendon	90	$1,434	$1,434	*
26428		Repair/graft finger tendon	90	$1,570	$1,570	*
26432		Repair finger tendon..	90	$661		
26433		Repair finger tendon..	90	$761		
26434		Repair/graft finger tendon	90	$821		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
26437		Realignment of tendons	90	$864		
26440		Release palm/finger tendon	90	$1,360	$1,360	*
26442		Release palm & finger tendon	90	$713		
26445		Release hand/finger tendon	90	$1,282	$1,282	*
26449		Release forearm/hand tendon.	90	$1,125		
26450		Incision of palm tendon.	90	$525		
26455		Incision of finger tendon.	90	$496		
26460		Incise hand/finger tendon.	90	$469		
26471		Fusion of finger tendons.	90	$857		
26474		Fusion of finger tendons.	90	$865		
26476		Tendon lengthening....	90	$738		
26477		Tendon shortening.....	90	$806		
26478		Lengthening of hand tendon.	90	$883		
26479		Shortening of hand tendon.	90	$941		
26480		Transplant hand tendon	90	$1,157		
26483		Transplant/graft hand tendon	90	$1,258		
26485		Transplant palm tendon	90	$1,249		
26489		Transplant/graft palm tendon	90	$915		
26490		Revise thumb tendon...	90	$1,315		
26492		Tendon transfer with graft.	90	$1,479		
26494		Hand tendon/muscle transfer	90	$1,172		
26496		Revise thumb tendon	90	$1,376		
26497		Finger tendon transfer	90	$1,459		
26498		Finger tendon transfer	90	$1,937		
26499		Revision of finger	90	$1,244		
26500		Hand tendon reconstruction.	90	$846		
26502		Hand tendon reconstruction	90	$917		
26504		Hand tendon reconstruction	90	$1,053		
26508		Release thumb contracture.	90	$885		
26510		Thumb tendon transfer	90	$1,244	$1,244	*
26516		Fusion of knuckle joint.	90	$974		
26517		Fusion of knuckle joints	90	$1,178		
26518		Fusion of knuckle joints	90	$1,151		
26520		Release knuckle contracture.	90	$900		
26525		Release finger contracture.	90	$852		
26530		Revise knuckle joint..	90	$1,057		
26531		Revise knuckle with implant.	90	$1,271		
26535		Revise finger joint...	90	$811		
26536		Revise/implant finger joint.	90	$1,148		
26540		Repair hand joint.....	90	$1,086		
26541		Repair hand joint with graft.	90	$1,416		
26542		Repair hand joint with graft	90	$922		
26545		Reconstruct finger joint	90	$900		
26546		Repair nonunion hand..	90	$1,388		
26548		Reconstruct finger joint	90	$1,019		
26550		Construct thumb replacement	90	BR		
26551		Great toe-hand transfer.	90	$6,628		
26553		Single transfer, toe- hand.	90	$6,438		
26554		Double transfer, toe- hand.	90	$7,744		
26555		Positional change of finger.	90	$2,481		
26556		Toe joint transfer....	90	$6,561		
26560		Repair of web finger	90	$747		
26561		Repair of web finger	90	$1,484		
26562		Repair of web finger	90	$1,488		
26565		Correct metacarpal flaw.	90	$1,057		
26567		Correct finger deformity.	90	$955		
26568		Lengthen metacarpal/ finger.	90	$1,405		
26580		Repair hand deformity	90	BR		
26587		Reconstruct extra finger	90	$1,755	$1,755	*
26590		Repair finger deformity	90	$2,454	$2,454	*
26591		Repair muscles of hand	90	$558		
26593		Release muscles of hand.	90	$825		
26596		Excision constricting tissue	90	$1,291		
26600		Treat metacarpal fracture	90	$253		
26605		Treat metacarpal fracture	90	$377		
26607		Treat metacarpal fracture	90	$884	$884	*
26608		Treat metacarpal fracture	90	$655		
26615		Repair metacarpal fracture	90	$768		
26641		Treat thumb dislocation	90	$353		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
26645		Treat thumb fracture	90	$479		
26650		Repair thumb fracture	90	$718		
26665		Repair thumb fracture	90	$1,035		
26670		Treat hand dislocation	90	$590	$496	*
26675		Treat hand dislocation	90	$665		
26676		Pin hand dislocation	90	$927	$927	*
26685		Treat hand dislocation	90	$1,005	$1,005	*
26686		Repair hand dislocation	90	$1,050		
26700		Treat knuckle dislocation	90	$320		
26705		Treat knuckle dislocation	90	$427		
26706		Pin knuckle dislocation	90	$733		
26715		Repair knuckle dislocation	90	$728		
26720		Treat finger fracture, each	90	$199		
26725		Treat finger fracture, each	90	$351		
26727		Treat finger fracture, each	90	$549		
26735		Repair finger fracture, each	90	$712		
26740		Treat finger fracture, each	90	$222		
26742		Treat finger fracture, each	90	$425		
26746		Repair finger fracture, each	90	$786		
26750		Treat finger fracture, each	90	$180		
26755		Treat finger fracture, each	90	$297		
26756		Pin finger fracture, each	90	$455		
26765		Repair finger fracture, each	90	$506		
26770		Treat finger dislocation	90	$264		
26775		Treat finger dislocation	90	$341		
26776		Pin finger dislocation	90	$497		
26785		Repair finger dislocation	90	$534		
26820		Thumb fusion with graft	90	$1,100		
26841		Fusion of thumb	90	$989		
26842		Thumb fusion with graft	90	$1,254		
26843		Fusion of hand joint	90	$1,496	$1,496	*
26844		Fusion/graft of hand joint	90	$1,188		
26850		Fusion of knuckle	90	$847		
26852		Fusion of knuckle with graft	90	$1,040		
26860		Fusion of finger joint	90	$671		
26861		Fusion of finger jnt, add-on.		$275		
26862		Fusion/graft of finger joint	90	$926		
26863		Fuse/graft added joint		$538		
26910		Amputate metacarpal bone	90	$940		
26951		Amputation of finger/thumb	90	$551		
26952		Amputation of finger/thumb	90	$759		
26989		Hand/finger surgery		BR		
26990		Drainage of pelvis lesion	90	$735		
26991		Drainage of pelvis bursa	90	$577		
26992		Drainage of bone lesion.	90	$1,633		
27000		Incision of hip tendon	90	$618		
27001		Incision of hip tendon	90	$760		
27003		Incision of hip tendon	90	$1,018		
27005		Incision of hip tendon	90	$1,055		
27006		Incision of hip tendons.	90	$1,138		
27025		Incision of hip/thigh fascia	90	$1,225		
27030		Drainage of hip joint.	90	$1,851		
27033		Exploration of hip joint.	90	$1,882		
27035		Denervation of hip joint.	90	$2,197		
27036		Excision of hip joint/ muscle.	90	$1,851		
27040		Biopsy of soft tissues	10	$290		
27041		Biopsy of soft tissues	90	$988		
27047		Remove hip/pelvis lesion.	90	$765		
27048		Remove hip/pelvis lesion	90	$768		
27049		Remove tumor, hip/ pelvis.	90	$1,819		
27050		Biopsy of sacroiliac joint.	90	$723		
27052		Biopsy of hip joint	90	$1,132		
27054		Removal of hip joint lining.	90	$1,415		
27060		Removal of ischial bursa	90	$661		
27062		Remove femur lesion/bursa	90	$685		
27065		Removal of hip bone lesion	90	$812		
27066		Removal of hip bone lesion	90	$1,300		
27067		Remove/graft hip bone lesion	90	$1,855		
27070		Partial removal of hip bone.	90	$1,519		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
27071		Partial removal of hip bone.	90	$1,654		
27075		Extensive hip surgery.	90	$2,340		
27076		Extensive hip surgery	90	$2,613		
27077		Extensive hip surgery	90	$3,080		
27078		Extensive hip surgery	90	$1,609		
27079		Extensive hip surgery	90	$1,587		
27080		Removal of tail bone	90	$798		
27086		Remove hip foreign body	10	$175		
27087		Remove hip foreign body.	90	$968		
27090		Removal of hip prosthesis	90	$1,596		
27091		Removal of hip prosthesis.	90	$3,108		
27093		Injection for hip x-ray	0	$158		
27095		Injection for hip x-ray	0	$182		
27096		Inject sacroiliac joint.	0	BR		
27097		Revision of hip tendon	90	$1,263		
27098		Transfer tendon to pelvis.	90	$1,268		
27100		Transfer of abdominal muscle	90	$1,393		
27105		Transfer of spinal muscle	90	$1,312		
27110		Transfer of iliopsoas muscle	90	$1,732	$1,732	*
27111		Transfer of iliopsoas muscle	90	$1,750		
27120		Reconstruction of hip socket	90	$2,653		
27122		Reconstruction of hip socket.	90	$2,366		
27125		Partial hip replacement.	90	$2,324		
27130		Total hip arthroplasty	90	$2,612	$2,612	*
27132		Total hip arthroplasty	90	$3,040	$3,040	*
27134		Revise hip joint replacement	90	$4,573		
27137		Revise hip joint replacement	90	$3,583		
27138		Revise hip joint replacement	90	$3,524		
27140		Transplant femur ridge	90	$1,679	$1,679	*
27146		Incision of hip bone	90	$1,837		
27147		Revision of hip bone	90	$2,642		
27151		Incision of hip bones	90	$2,775		
27156		Revision of hip bones	90	$2,941		
27158		Revision of pelvis....	90	$2,620		
27161		Incision of neck of femur	90	$2,253		
27165		Incision/fixation of femur	90	$2,520		
27170		Repair/graft femur head/neck	90	$2,404		
27175		Treat slipped epiphysis	90	$609		
27176		Treat slipped epiphysis	90	$1,627		
27177		Repair slipped epiphysis	90	$1,996		
27178		Repair slipped epiphysis	90	$1,613		
27179		Revise head/neck of femur	90	$1,746		
27181		Repair slipped epiphysis	90	$2,060		
27185		Revision of femur epiphysis	90	$1,351	$1,351	*
27187		Reinforce hip bones	90	$2,229		
27193		Treat pelvic ring fracture	90	$527		
27194		Treat pelvic ring fracture	90	$930		
27200		Treat tail bone fracture	90	$243		
27202		Repair tail bone fracture	90	$960		
27215		Pelvic fracture(s) treatment	90	$1,768		
27216		Treat pelvic ring fracture	90	$1,357		
27217		Treat pelvic ring fracture	90	$2,129		
27218		Treat pelvic ring fracture	90	$2,528		
27220		Treat hip socket fracture	90	$720		
27222		Treat hip socket fracture	90	$1,299		
27226		Treat hip wall fracture	90	$2,282		
27227		Treat hip fracture(s)	90	$2,711		
27228		Treat hip fracture(s)	90	$2,906		
27230		Treat fracture of thigh	90	$613		
27232		Treat fracture of thigh	90	$1,399		
27235		Treat thigh fracture	90	$1,678	$1,678	*
27236		Treat thigh fracture	90	$2,076	$2,076	*
27238		Treatment of thigh fracture	90	$756		
27240		Treatment of thigh fracture	90	$1,564		
27244		Treat thigh fracture	90	$2,122	$2,122	*
27245		Repair of thigh fracture	90	$2,665		
27246		Treatment of thigh fracture	90	$626		
27248		Repair of thigh fracture	90	$1,720		
27250		Treat hip dislocation	90	$705		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
27252		Treat hip dislocation	90	$1,027		
27253		Repair of hip dislocation	90	$1,928		
27254		Repair of hip dislocation	90	$2,338		
27256		Treatment of hip dislocation	10	$418		
27257		Treatment of hip dislocation	10	$720		
27258		Repair of hip dislocation	90	$2,150		
27259		Repair of hip dislocation	90	$2,693		
27265		Treatment of hip dislocation	90	$679		
27266		Treatment of hip dislocation	90	$913		
27275		Manipulation of hip joint	10	$296		
27280		Fusion of sacroiliac joint	90	$1,673		
27282		Fusion of pubic bones	90	$1,506		
27284		Fusion of hip joint...	90	$2,372		
27286		Fusion of hip joint	90	$2,344		
27290		Amputation of leg at hip	90	$3,665		
27295		Amputation of leg at hip	90	$2,605		
27299		Pelvis/hip joint surgery		BR		
27301		Drain thigh/knee lesion.	90	$793		
27303		Drainage of bone lesion.	90	$1,171		
27305		Incise thigh tendon & fascia	90	$701		
27306		Incision of thigh tendon.	90	$555		
27307		Incision of thigh tendons.	90	$715		
27310		Exploration of knee joint.	90	$1,434		
27315		Partial removal, thigh nerve	90	$910		
27320		Partial removal, thigh nerve	90	$837		
27323		Biopsy thigh soft tissues	10	$263		
27324		Biopsy, thigh soft tissues.	90	$608		
27327		Removal of thigh lesion	90	$497		
27328		Removal of thigh lesion	90	$717		
27329		Remove tumor, thigh/knee	90	$1,810		
27330		Biopsy, knee joint lining.	90	$819		
27331		Explore/treat knee joint.	90	$975		
27332		Removal of knee cartilage.	90	$1,320		
27333		Removal of knee cartilage	90	$1,613		
27334		Remove knee joint lining.	90	$1,397		
27335		Remove knee joint lining	90	$1,634		
27340		Removal of kneecap bursa	90	$594		
27345		Removal of knee cyst..	90	$896		
27347		Remove knee cyst.....	90	$630		
27350		Removal of kneecap	90	$1,307		
27355		Remove femur lesion	90	$1,123		
27356		Remove femur lesion/graft	90	$1,284		
27357		Remove femur lesion/graft	90	$1,407		
27358		Remove femur lesion/ fixation.		$678		
27360		Partial removal, leg bone(s).	90	$1,583		
27365		Extensive leg surgery.	90	$2,285		
27370		Injection for knee x-ray	0	$115		
27372		Removal of foreign body	90	$621		
27380		Repair of kneecap tendon	90	$1,123		
27381		Repair/graft kneecap tendon	90	$1,611		
27385		Repair of thigh muscle	90	$1,235		
27386		Repair/graft of thigh muscle	90	$1,712		
27390		Incision of thigh tendon.	90	$770		
27391		Incision of thigh tendons.	90	$989		
27392		Incision of thigh tendons.	90	$1,308		
27393		Lengthening of thigh tendon.	90	$947		
27394		Lengthening of thigh tendons.	90	$1,124		
27395		Lengthening of thigh tendons.	90	$1,701		
27396		Transplant of thigh tendon.	90	$1,160		
27397		Transplants of thigh tendons.	90	$1,548		
27400		Revise thigh muscles/ tendons.	90	$1,293		
27403		Repair of knee cartilage.	90	$1,294		
27405		Repair of knee ligament	90	$1,403		
27407		Repair of knee ligament	90	$1,398		
27409		Repair of knee ligaments	90	$2,080		
27412		Autochondrocyte implant knee	90	$3,003	$3,003	*
27415		Osteochondral knee allograft	90	$2,507	$2,507	*
27418		Repair degenerated kneecap.	90	$1,708		
27420		Revision of unstable kneecap.	90	$1,549		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
27422		Revision of unstable kneecap.	90	$1,547		
27424		Revision/removal of kneecap	90	$1,607		
27425		Lat retinacular release open	90	$824	$824	*
27427		Reconstruction, knee	90	$1,676		
27428		Reconstruction, knee	90	$2,014		
27429		Reconstruction, knee	90	$1,767		
27430		Revision of thigh muscles.	90	$1,437		
27435		Incision of knee joint	90	$1,269		
27437		Revise kneecap	90	$1,360		
27438		Revise kneecap with implant	90	$1,809		
27440		Revision of knee joint	90	$1,658		
27441		Revision of knee joint	90	$1,449		
27442		Revision of knee joint	90	$1,924		
27443		Revision of knee joint	90	$2,219		
27445		Revision of knee joint	90	$2,810		
27446		Revision of knee joint	90	$2,907		
27447		Total knee arthroplasty	90	$2,821	$2,821	*
27448		Incision of thigh	90	$1,784		
27450		Incision of thigh	90	$2,144		
27454		Realignment of thigh bone.	90	$2,521		
27455		Realignment of knee	90	$1,838		
27457		Realignment of knee	90	$1,985		
27465		Shortening of thigh bone	90	$1,917		
27466		Lengthening of thigh bone	90	$2,180		
27468		Shorten/lengthen thighs	90	$2,637		
27470		Repair of thigh	90	$2,413		
27472		Repair/graft of thigh	90	$2,791		
27475		Surgery to stop leg growth	90	$1,219	$1,219	*
27477		Surgery to stop leg growth	90	$1,879		
27479		Surgery to stop leg growth	90	$1,820		
27485		Surgery to stop leg growth.	90	$1,286		
27486		Revise knee joint replace	90	$3,198		
27487		Revise/replace knee joint.	90	$3,983		
27488		Removal of knee prosthesis.	90	$2,382		
27495		Reinforce thigh	90	$2,457		
27496		Decompression of thigh/knee	90	$710		
27497		Decompression of thigh/knee	90	$868		
27498		Decompression of thigh/knee	90	$990		
27499		Decompression of thigh/knee	90	$1,140		
27500		Treatment of thigh fracture	90	$816		
27501		Treatment of thigh fracture	90	$816		
27502		Treatment of thigh fracture	90	$1,302		
27503		Treatment of thigh fracture	90	$1,302		
27506		Repair of thigh fracture	90	$2,443		
27507		Treatment of thigh fracture	90	$2,225		
27508		Treatment of thigh fracture	90	$714		
27509		Treatment of thigh fracture	90	$825		
27510		Treatment of thigh fracture	90	$1,140		
27511		Treatment of thigh fracture	90	$2,199		
27513		Treatment of thigh fracture	90	$2,504		
27514		Repair of thigh fracture	90	$2,427		
27516		Repair of thigh growth plate	90	$740		
27517		Repair of thigh growth plate	90	$1,225		
27519		Repair of thigh growth plate	90	$2,021		
27520		Treat kneecap fracture	90	$437		
27524		Repair of kneecap fracture	90	$1,513		
27530		Treatment of knee fracture	90	$507		
27532		Treatment of knee fracture	90	$949		
27535		Treatment of knee fracture	90	$1,694		
27536		Repair of knee fracture	90	$1,988		
27538		Treat knee fracture(s)	90	$604		
27540		Repair of knee fracture	90	$1,775		
27550		Treat knee dislocation	90	$599		
27552		Treat knee dislocation	90	$804		
27556		Repair of knee dislocation	90	$1,975		
27557		Repair of knee dislocation	90	$2,324		
27558		Repair of knee dislocation	90	$2,392		
27560		Treat kneecap dislocation	90	$371		
27562		Treat kneecap dislocation	90	$809		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
27566		Repair kneecap dislocation	90	$1,680		
27570		Fixation of knee joint	10	$262		
27580		Fusion of knee.....	90	$2,659		
27590		Amputate leg at thigh	90	$1,497		
27591		Amputate leg at thigh	90	$1,767		
27592		Amputate leg at thigh	90	$1,308		
27594		Amputation follow-up surgery	90	$753		
27596		Amputation follow-up surgery	90	$1,305		
27598		Amputate lower leg at knee	90	$1,514		
27599		Leg surgery procedure		BR		
27600		Decompression of lower leg	90	$642		
27601		Decompression of lower leg	90	$640		
27602		Decompression of lower leg	90	$810		
27603		Drain lower leg lesion	90	$510		
27604		Drain lower leg bursa	90	$382		
27605		Incision of achilles tendon.	10	$438		
27606		Incision of achilles tendon	10	$448		
27607		Treat lower leg bone lesion.	90	$1,154		
27610		Explore/treat ankle joint.	90	$1,220		
27612		Exploration of ankle joint.	90	$1,157		
27613		Biopsy lower leg soft tissue	10	$205		
27614		Biopsy lower leg soft tissue.	90	$686		
27615		Remove tumor, lower leg	90	$1,518		
27618		Remove lower leg lesion.	90	$636		
27619		Remove lower leg lesion.	90	$1,023		
27620		Explore, treat ankle joint	90	$898		
27625		Remove ankle joint lining.	90	$1,285		
27626		Remove ankle joint lining	90	$1,458		
27630		Removal of tendon lesion	90	$581		
27635		Remove lower leg bone lesion	90	$1,175		
27637		Remove/graft leg bone lesion	90	$1,346		
27638		Remove/graft leg bone lesion	90	$1,456		
27640		Partial removal of tibia.	90	$1,690		
27641		Partial removal of fibula	90	$1,180		
27645		Extensive lower leg surgery.	90	$2,012		
27646		Extensive lower leg surgery	90	$1,710		
27647		Extensive ankle/heel surgery	90	$1,593		
27648		Injection for ankle x-ray	0	$109		
27650		Repair achilles tendon	90	$1,378		
27652		Repair/graft achilles tendon	90	$1,529		
27654		Repair of achilles tendon.	90	$1,560		
27656		Repair leg fascia defect	90	$570		
27658		Repair of leg tendon, each.	90	$733		
27659		Repair of leg tendon, each.	90	$971		
27664		Repair of leg tendon, each.	90	$722		
27665		Repair of leg tendon, each.	90	$867		
27675		Repair lower leg tendons	90	$1,000		
27676		Repair lower leg tendons	90	$1,173		
27680		Release of lower leg tendon.	90	$778		
27681		Release of lower leg tendons.	90	$986		
27685		Revision of lower leg tendon.	90	$811		
27686		Revise lower leg tendons.	90	$1,073		
27687		Revision of calf tendon	90	$853		
27690		Revise lower leg tendon	90	$1,113		
27691		Revise lower leg tendon.	90	$1,374		
27692		Revise additional leg tendon.		$283		
27695		Repair of ankle ligament.	90	$1,065		
27696		Repair of ankle ligaments	90	$1,129		
27698		Repair of ankle ligament	90	$1,259	$1,259	*
27700		Revision of ankle joint	90	$1,517		
27702		Reconstruct ankle joint	90	$2,702		
27703		Reconstruction, ankle joint.	90	$2,193		
27704		Removal of ankle implant	90	$993		
27705		Incision of tibia	90	$1,567		
27707		Incision of fibula	90	$655		
27709		Incision of tibia & fibula	90	$1,659		
27712		Realignment of lower leg.	90	$1,913		
27715		Revision of lower leg.	90	$2,049		
27720		Repair of tibia	90	$1,924		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
27722		Repair/graft of tibia	90	$1,633		
27724		Repair/graft of tibia	90	$2,212		
27725		Repair of lower leg	90	$1,629		
27727		Repair of lower leg	90	$1,706		
27730		Repair of tibia epiphysis	90	$1,100	$1,100	*
27732		Repair of fibula epiphysis	90	$757		
27734		Repair lower leg epiphyses	90	$1,179		
27740		Repair of leg epiphyses.	90	$1,261		
27742		Repair of leg epiphyses	90	$1,454		
27745		Reinforce tibia	90	$1,398		
27750		Treatment of tibia fracture	90	$486		
27752		Treatment of tibia fracture	90	$784		
27756		Repair of tibia fracture	90	$1,199		
27758		Repair of tibia fracture	90	$1,854		
27759		Treatment of tibia fracture	90	$1,871	$1,871	*
27760		Treatment of ankle fracture	90	$408		
27762		Treatment of ankle fracture	90	$614		
27766		Repair of ankle fracture	90	$1,185		
27780		Treatment of fibula fracture	90	$333		
27781		Treatment of fibula fracture	90	$566		
27784		Repair of fibula fracture	90	$914		
27786		Treatment of ankle fracture	90	$394		
27788		Treatment of ankle fracture	90	$569		
27792		Repair of ankle fracture	90	$1,104		
27808		Treatment of ankle fracture	90	$411		
27810		Treatment of ankle fracture	90	$756		
27814		Repair of ankle fracture	90	$1,520		
27816		Treatment of ankle fracture	90	$483		
27818		Treatment of ankle fracture	90	$896		
27822		Repair of ankle fracture	90	$1,497		
27823		Repair of ankle fracture	90	$1,822		
27824		Treat lower leg fracture	90	$483		
27825		Treat lower leg fracture	90	$896		
27826		Treat lower leg fracture	90	$1,412		
27827		Treat lower leg fracture	90	$1,663		
27828		Treat lower leg fracture	90	$1,923		
27829		Treat lower leg joint	90	$985		
27830		Treat lower leg dislocation	90	$511		
27831		Treat lower leg dislocation	90	$626		
27832		Repair lower leg dislocation	90	$889		
27840		Treat ankle dislocation	90	$450		
27842		Treat ankle dislocation	90	$586		
27846		Repair ankle dislocation	90	$1,346		
27848		Repair ankle dislocation	90	$1,425		
27860		Fixation of ankle joint	10	$278		
27870		Fusion of ankle joint, open	90	$1,896	$1,896	*
27871		Fusion of tibiofibular joint	90	$1,243		
27880		Amputation of lower leg	90	$1,462		
27881		Amputation of lower leg	90	$1,669		
27882		Amputation of lower leg	90	$1,174		
27884		Amputation follow-up surgery	90	$806		
27886		Amputation follow-up surgery	90	$1,193		
27888		Amputation of foot at ankle.	90	$1,461		
27889		Amputation of foot at ankle	90	$1,331		
27892		Decompression of leg	90	$713		
27893		Decompression of leg	90	$712		
27894		Decompression of leg	90	$882		
27899		Leg/ankle surgery procedure		BR		
28001		Drainage of bursa of foot.	10	$291		
28002		Treatment of foot infection.	10	$553		
28003		Treatment of foot infection	90	$820		
28005		Treat foot bone lesion	90	$1,019		
28008		Incision of foot fascia	90	$507		
28010		Incision of toe tendon	90	$506		
28011		Incision of toe tendons.	90	$509		
28020		Exploration of foot joint.	90	$753		
28022		Exploration of a foot joint	90	$528		
28024		Exploration of a toe joint	90	$479		
28030		Removal of foot nerve.	90	$733		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
28035		Decompression of tibia nerve.	90	$860		
28043		Excision of foot lesion.	90	$446		
28045		Excision of foot lesion	90	$631		
28046		Resection of tumor, foot	90	$1,101		
28050		Biopsy of foot joint lining.	90	$650		
28052		Biopsy of foot joint lining	90	$563		
28054		Biopsy of toe joint lining	90	$406		
28060		Partial removal, foot fascia.	90	$736		
28062		Removal of foot fascia	90	$1,002		
28070		Removal of foot joint lining	90	$686		
28072		Removal of foot joint lining	90	$563		
28080		Removal of foot lesion	90	$596		
28086		Excise foot tendon sheath	90	$574		
28088		Excise foot tendon sheath	90	$541		
28090		Removal of foot lesion	90	$591		
28092		Removal of toe lesions	90	$481		
28100		Removal of ankle/heel lesion	90	$745		
28102		Remove/graft foot lesion	90	$1,062		
28103		Remove/graft foot lesion	90	$878		
28104		Removal of foot lesion	90	$800	$690	*
28106		Remove/graft foot lesion	90	$988		
28107		Remove/graft foot lesion	90	$744		
28108		Removal of toe lesions	90	$608		
28110		Part removal of metatarsal	90	$544		
28111		Part removal of metatarsal	90	$732		
28112		Part removal of metatarsal	90	$612		
28113		Part removal of metatarsal	90	$639		
28114		Removal of metatarsal heads.	90	$1,450		
28116		Revision of foot	90	$866		
28118		Removal of heel bone	90	$845		
28119		Removal of heel spur	90	$787		
28120		Part removal of ankle/ heel.	90	$843		
28122		Partial removal of foot bone.	90	$927		
28124		Partial removal of toe	90	$699		
28126		Partial removal of toe	90	$586		
28130		Removal of ankle bone	90	$1,079		
28140		Removal of metatarsal	90	$850		
28150		Removal of toe.....	90	$596		
28153		Partial removal of toe	90	$595		
28160		Partial removal of toe	90	$613		
28171		Extensive foot surgery	90	$1,286		
28173		Extensive foot surgery	90	$1,038		
28175		Extensive foot surgery	90	$818		
28190		Removal of foot foreign body	10	$176		
28192		Removal of foot foreign body	90	$473		
28193		Removal of foot foreign body	90	$575		
28200		Repair of foot tendon.	90	$732		
28202		Repair/graft of foot tendon	90	$918		
28208		Repair of foot tendon.	90	$573		
28210		Repair/graft of foot tendon	90	$861		
28220		Release of foot tendon	90	$654		
28222		Release of foot tendons.	90	$891		
28225		Release of foot tendon	90	$493		
28226		Release of foot tendons.	90	$629		
28230		Incision of foot tendon(s).	90	$540		
28232		Incision of toe tendon	90	$428		
28234		Incision of foot tendon.	90	$425		
28238		Revision of foot tendon	90	$1,136	$972	*
28240		Release of big toe	90	$459		
28250		Revision of foot fascia.	90	$798		
28260		Release of midfoot joint	90	$879		
28261		Revision of foot tendon	90	$1,092		
28262		Revision of foot and ankle.	90	$2,038		
28264		Release of midfoot joint.	90	$1,469		
28270		Release of foot contracture.	90	$596		
28272		Release of toe joint, each.	90	$479		
28280		Fusion of toes.....	90	$620		
28285		Repair of hammertoe...	90	$691		
28286		Repair of hammertoe...	90	$644		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
28288		Partial removal of foot bone.	90	$673		
28289		Repair hallux rigidus.	90	$717		
28290		Correction of bunion..	90	$849		
28292		Correction of bunion	90	$994		
28293		Correction of bunion	90	$1,330		
28294		Correction of bunion..	90	$1,296		
28296		Correction of bunion	90	$1,309		
28297		Correction of bunion	90	$1,328		
28298		Correction of bunion	90	$1,218		
28299		Correction of bunion	90	$1,467	$1,276	*
28300		Incision of heel bone.	90	$1,292		
28302		Incision of ankle bone	90	$1,355		
28304		Incision of midfoot bones.	90	$1,186		
28305		Incise/graft midfoot bones.	90	$1,617		
28306		Incision of metatarsal	90	$798		
28307		Incision of metatarsal	90	$916		
28308		Incision of metatarsal	90	$814		
28309		Incision of metatarsals.	90	$1,486		
28310		Revision of big toe...	90	$745		
28312		Revision of toe	90	$659		
28313		Repair deformity of toe.	90	$625		
28315		Removal of sesamoid bone	90	$655		
28320		Repair of foot bones..	90	$1,324		
28322		Repair of metatarsals	90	$936		
28340		Resect enlarged toe tissue	90	$979		
28341		Resect enlarged toe	90	$1,167		
28344		Repair extra toe(s)	90	$580		
28345		Repair webbed toe(s)	90	$821		
28360		Reconstruct cleft foot	90	BR		
28400		Treatment of heel fracture	90	$353		
28405		Treatment of heel fracture	90	$621		
28406		Treatment of heel fracture	90	$909		
28415		Repair of heel fracture	90	$1,678		
28420		Repair/graft heel fracture	90	$2,005		
28430		Treatment of ankle fracture	90	$337		
28435		Treatment of ankle fracture	90	$504		
28436		Treatment of ankle fracture	90	$657		
28445		Repair of ankle fracture	90	$1,344		
28450		Treat midfoot fracture, each	90	$276		
28455		Treat midfoot fracture, each	90	$412		
28456		Repair midfoot fracture	90	$357		
28465		Repair midfoot fracture,each	90	$913		
28470		Treat metatarsal fracture	90	$269		
28475		Treat metatarsal fracture	90	$381		
28476		Repair metatarsal fracture	90	$494		
28485		Repair metatarsal fracture	90	$750		
28490		Treat big toe fracture	90	$143		
28495		Treat big toe fracture	90	$194		
28496		Repair big toe fracture	90	$322		
28505		Repair big toe fracture	90	$493		
28510		Treatment of toe fracture	90	$141		
28515		Treatment of toe fracture	90	$184		
28525		Repair of toe fracture	90	$384		
28530		Treat sesamoid bone fracture	90	$150		
28531		Treat sesamoid bone fracture	90	$300		
28540		Treat foot dislocation	90	$181		
28545		Treat foot dislocation	90	$257		
28546		Treat foot dislocation	90	$430		
28555		Repair foot dislocation	90	$860		
28570		Treat foot dislocation	90	$236		
28575		Treat foot dislocation	90	$432		
28576		Treat foot dislocation	90	$491		
28585		Repair foot dislocation	90	$919		
28600		Treat foot dislocation	90	$179		
28605		Treat foot dislocation	90	$356		
28606		Treat foot dislocation	90	$604		
28615		Repair foot dislocation	90	$770		
28630		Treat toe dislocation	10	$198		
28635		Treat toe dislocation	10	$248		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
28636		Treat toe dislocation	10	$400		
28645		Repair toe dislocation	90	$537		
28660		Treat toe dislocation	10	$133		
28665		Treat toe dislocation	10	$210		
28666		Treat toe dislocation	10	$383		
28675		Repair of toe dislocation	90	$431		
28705		Fusion of foot bones..	90	$2,250		
28715		Fusion of foot bones..	90	$1,912		
28725		Fusion of foot bones..	90	$1,590		
28730		Fusion of foot bones	90	$1,433		
28735		Fusion of foot bones..	90	$1,542		
28737		Revision of foot bones	90	$1,268	$1,268	*
28740		Fusion of foot bones	90	$854		
28750		Fusion of big toe joint	90	$773		
28755		Fusion of big toe joint	90	$611		
28760		Fusion of big toe joint.	90	$1,006		
28800		Amputation of midfoot.	90	$1,141		
28805		Amputation thru metatarsal	90	$1,067		
28810		Amputation toe & metatarsal	90	$721		
28820		Amputation of toe	90	$468		
28825		Partial amputation of toe	90	$420		
28899		Foot/toes surgery procedure		BR		
29000		Application of body cast	0	$305		
29010		Application of body cast	0	$335		
29015		Application of body cast	0	$360		
29020		Application of body cast	0	$294		
29025		Application of body cast	0	$234		
29035		Application of body cast	0	$286		
29040		Application of body cast	0	$321		
29044		Application of body cast	0	$322		
29046		Application of body cast	0	$354		
29049		Application of figure eight	0	$164	$109	*
29055		Application of shoulder cast	0	$223		
29058		Application of shoulder cast	0	$145		
29065		Application of long arm cast	0	$128		
29075		Application of forearm cast	0	$105		
29085		Apply hand/wrist cast	0	$103		
29086		Apply finger cast	0	$117	$84	*
29105		Apply long arm splint	0	$103		
29125		Apply forearm splint	0	$72		
29126		Apply forearm splint	0	$87		
29130		Application of finger splint	0	$49		
29131		Application of finger splint	0	$71		
29200		Strapping of chest	0	$68		
29220		Strapping of low back	0	$76		
29240		Strapping of shoulder	0	$72		
29260		Strapping of elbow or wrist	0	$58		
29280		Strapping of hand or finger	0	$53		
29305		Application of hip cast	0	$299		
29325		Application of hip casts	0	$322		
29345		Application of long leg cast	0	$183		
29355		Application of long leg cast	0	$199		
29358		Apply long leg cast brace	0	$259		
29365		Application of long leg cast	0	$154		
29405		Apply short leg cast	0	$126		
29425		Apply short leg cast	0	$150		
29435		Apply short leg cast	0	$180		
29440		Addition of walker to cast	0	$59		
29445		Apply rigid leg cast	0	$263		
29450		Application of leg cast	0	$103		
29505		Application long leg splint	0	$95		
29515		Application lower leg splint	0	$90		
29520		Strapping of hip	0	$66		
29530		Strapping of knee	0	$69		
29540		Strapping of ankle and/or ft	0	$70	$62	*
29550		Strapping of toes	0	$56		
29580		Application of paste boot	0	$100		
29590		Application of foot splint	0	$76		
29700		Removal/revision of cast	0	$89		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
29705		Removal/revision of cast	0	$108		
29710		Removal/revision of cast	0	$132		
29715		Removal/revision of cast	0	$136		
29720		Repair of body cast	0	$68		
29730		Windowing of cast	0	$75		
29740		Wedging of cast	0	$110		
29750		Wedging of clubfoot cast	0	$130		
29799		Casting/strapping procedure		BR		
29800		Jaw arthroscopy/surgery	90	$691		
29804		Jaw arthroscopy/surgery	90	$1,635		
29805		Shoulder arthroscopy, dx	90	$890	$890	*
29806		Shoulder arthroscopy/surgery	90	$1,982	$1,982	*
29807		Shoulder arthroscopy/surgery	90	$1,930	$1,930	*
29819		Shoulder arthroscopy/surgery	90	$1,112	$1,112	*
29820		Shoulder arthroscopy/surgery	90	$1,282		
29821		Shoulder arthroscopy/surgery	90	$1,515		
29822		Shoulder arthroscopy/surgery	90	$1,328		
29823		Shoulder arthroscopy/surgery	90	$1,622		
29824		Shoulder arthroscopy/surgery	90	$1,218	$1,218	*
29825		Shoulder arthroscopy/surgery	90	$1,466		
29826		Shoulder arthroscopy/surgery	90	$1,687		
29827		Arthroscop rotator cuff repr	90	$2,091	$2,091	*
29830		Elbow arthroscopy	90	$834		
29834		Elbow arthroscopy/surgery	90	$916		
29835		Elbow arthroscopy/surgery	90	$945		
29836		Elbow arthroscopy/surgery	90	$1,101		
29837		Elbow arthroscopy/surgery	90	$1,004		
29838		Elbow arthroscopy/surgery	90	$1,105		
29840		Wrist arthroscopy	90	$654		
29843		Wrist arthroscopy/surgery	90	$876		
29844		Wrist arthroscopy/surgery	90	$903		
29845		Wrist arthroscopy/surgery	90	$1,097		
29846		Wrist arthroscopy/surgery	90	$1,391		
29847		Wrist arthroscopy/surgery	90	$1,040		
29848		Wrist endoscopy/ surgery.	90	$756		
29850		Knee arthroscopy/surgery	90	$1,409		
29851		Knee arthroscopy/surgery	90	$1,775		
29855		Tibial arthroscopy/surgery	90	$1,632		
29856		Tibial arthroscopy/surgery	90	$1,901		
29860		Hip arthroscopy, dx...	90	$996		
29861		Hip arthroscopy/ surgery.	90	$1,402		
29862		Hip arthroscopy/ surgery.	90	$1,536		
29863		Hip arthroscopy/ surgery.	90	$1,431		
29866		Autgrft implnt, knee w/scope	90	$1,957	$1,957	*
29867		Allgrft implnt, knee w/scope	90	$2,338	$2,338	*
29868		Meniscal trnspl, knee w/scpe	90	$3,169	$3,169	*
29870		Knee arthroscopy, diagnostic	90	$679		
29871		Knee arthroscopy/drainage	90	$993		
29873		Knee arthroscopy/surgery	90	$963	$963	*
29874		Knee arthroscopy/surgery	90	$1,229		
29875		Knee arthroscopy/surgery	90	$1,193		
29876		Knee arthroscopy/surgery	90	$1,443		
29877		Knee arthroscopy/surgery	90	$1,348		
29879		Knee arthroscopy/ surgery.	90	$1,315		
29880		Knee arthroscopy/surgery	90	$1,606		
29881		Knee arthroscopy/surgery	90	$1,387		
29882		Knee arthroscopy/surgery	90	$1,488		
29883		Knee arthroscopy/surgery	90	$1,905		
29884		Knee arthroscopy/surgery	90	$1,235		
29885		Knee arthroscopy/surgery	90	$1,289		
29886		Knee arthroscopy/surgery	90	$1,066		
29887		Knee arthroscopy/surgery	90	$1,474		
29888		Knee arthroscopy/surgery	90	$2,463		
29889		Knee arthroscopy/surgery	90	$1,607		
29891		Ankle arthroscopy/ surgery.	90	$1,323		
29892		Ankle arthroscopy/ surgery.	90	$1,370		
29893		Scope, plantar fasciotomy.	90	$764		
29894		Ankle arthroscopy/surgery	90	$1,285		
29895		Ankle arthroscopy/surgery	90	$1,221		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
29897		Ankle arthroscopy/surgery	90	$1,316		
29898		Ankle arthroscopy/surgery	90	$1,510		
29899		Ankle arthroscopy/surgery	90	$1,899	$1,899	*
29900		Mcp joint arthroscopy, dx	90	$865	$865	*
29901		Mcp joint arthroscopy, surg	90	$953	$953	*
29902		Mcp joint arthroscopy, surg	90	$1,017	$1,017	*
29999		Arthroscopy of joint	BR	BR	BR	*
30000		Drainage of nose lesion	10	$143		
30020		Drainage of nose lesion	10	$145		
30100		Intranasal biopsy	0	$122		
30110		Removal of nose polyp(s)	10	$213		
30115		Removal of nose polyp(s)	90	$521		
30117		Removal of intranasal lesion	90	$1,174	$571	*
30118		Removal of intranasal lesion	90	$1,286		
30120		Revision of nose	90	$901		
30124		Removal of nose lesion	90	$318		
30125		Removal of nose lesion	90	$926		
30130		Removal of turbinate bones.	90	$413		
30140		Removal of turbinate bones.	90	$511		
30150		Partial removal of nose	90	$1,237		
30160		Removal of nose	90	$1,573		
30200		Injection treatment of nose	0	$84		
30210		Nasal sinus therapy	10	$94		
30220		Insert nasal septal button	10	$224		
30300		Remove nasal foreign body	10	$107		
30310		Remove nasal foreign body	10	$263		
30320		Remove nasal foreign body	90	$645		
30400		Reconstruction of nose	90	BR		
30410		Reconstruction of nose	90	BR		
30420		Reconstruction of nose	90	BR		
30430		Revision of nose	90	BR		
30435		Revision of nose	90	BR		
30450		Revision of nose	90	BR		
30460		Revision of nose	90	$1,345		
30462		Revision of nose	90	$2,691		
30465		Repair nasal stenosis	90	$1,747	$1,747	*
30520		Repair of nasal septum	90	$1,022		
30540		Repair nasal defect	90	$1,047		
30545		Repair nasal defect	90	$1,603		
30560		Release of nasal adhesions	10	$129		
30580		Repair upper jaw fistula	90	$942		
30600		Repair mouth/nose fistula	90	$708		
30620		Intranasal reconstruction	90	$1,082		
30630		Repair nasal septum defect	90	$976		
30801		Cauterization, inner nose	10	$376	$220	*
30802		Cauterization inner nose	10	$215		
30901		Control of nosebleed	0	$130		
30903		Control of nosebleed	0	$175		
30905		Control of nosebleed	0	$401	$206	*
30906		Repeat control of nosebleed	0	$258		
30915		Ligation nasal sinus artery	90	$863		
30920		Ligation upper jaw artery	90	$1,404		
30930		Therapy fracture of nose	10	$142		
30999		Nasal surgery procedure		BR		
31000		Irrigation maxillary sinus	10	$112		
31002		Irrigation sphenoid sinus	10	$168		
31020		Exploration maxillary sinus	90	$408		
31030		Exploration maxillary sinus	90	$989		
31032		Explore sinus,remove polyps	90	$1,118		
31040		Exploration behind upper jaw	90	$1,251		
31050		Exploration sphenoid sinus	90	$827		
31051		Sphenoid sinus surgery	90	$1,120		
31070		Exploration of frontal sinus	90	$654		
31075		Exploration of frontal sinus	90	$1,429		
31080		Removal of frontal sinus	90	$1,491		
31081		Removal of frontal sinus	90	$1,666		
31084		Removal of frontal sinus	90	$2,060		
31085		Removal of frontal sinus	90	$2,180		
31086		Removal of frontal sinus	90	$1,699		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
31087		Removal of frontal sinus	90	$1,689		
31090		Exploration of sinuses	90	$1,529		
31200		Removal of ethmoid sinus	90	$693		
31201		Removal of ethmoid sinus	90	$1,110		
31205		Removal of ethmoid sinus	90	$1,309		
31225		Removal of upper jaw	90	$2,620		
31230		Removal of upper jaw	90	$3,205		
31231		Nasal endoscopy, dx	0	$129		
31233		Nasal/sinus endoscopy, dx	0	$268		
31235		Nasal/sinus endoscopy, dx	0	$469		
31237		Nasal/sinus endoscopy, surg	0	$322		
31238		Nasal/sinus endoscopy, surg	0	$621	$398	*
31239		Nasal/sinus endoscopy, surg	10	$1,455		
31240		Nasal/sinus endoscopy, surg	0	$448		
31250		Nasal endoscopy, diagnostic		$188		
31252		Nasal endoscopy, polypectomy		$481		
31254		Revision of ethmoid sinus	0	$834		
31255		Removal of ethmoid sinus	0	$1,340		
31256		Exploration of maxillary sinu	0	$536		
31258		Nasal endoscopy, surgical		$376		
31260		Endoscopy, maxillary sinus		$380		
31263		Endoscopy, maxillary sinus		$586		
31265		Endoscopy, maxillary sinus		$717		
31267		Endoscopy, maxillary sinus	0	$809		
31268		Endoscopy, maxillary sinus		$442		
31270		Endoscopy, sphenoid sinus		$266		
31275		Sphenoid endoscopy, surgical		$747		
31276		Sinus surgical endoscopy	0	$1,041		
31277		Sphenoid endoscopy, surgical		$864		
31285		Endoscopy, combined sinuses		$509		
31287		Nasal/sinus endoscopy, surg	0	$671		
31288		Nasal/sinus endoscopy, surg	0	$784		
31290		Nasal/sinus endoscopy, surg	10	$2,204		
31291		Nasal/sinus endoscopy, surg	10	$2,315		
31292		Nasal/sinus endoscopy, surg	10	$1,790		
31293		Nasal/sinus endoscopy, surg	10	$1,958		
31294		Nasal/sinus endoscopy, surg	10	$2,238		
31299		Sinus surgery procedure		BR		
31300		Removal of larynx lesion	90	$1,851		
31320		Diagnostic incision larynx	90	$630		
31360		Removal of larynx	90	$2,601		
31365		Removal of larynx	90	$3,685		
31367		Partial removal of larynx	90	$2,695		
31368		Partial removal of larynx	90	$3,790		
31370		Partial removal of larynx	90	$2,659		
31375		Partial removal of larynx	90	$2,471		
31380		Partial removal of larynx	90	$2,665		
31382		Partial removal of larynx	90	$2,573		
31390		Removal of larynx & pharynx	90	$4,009		
31395		Reconstruct larynx & pharynx	90	$4,622		
31400		Revision of larynx	90	$1,259		
31420		Removal of epiglottis	90	$1,273		
31500		Insert emergency airway	0	$256		
31502		Change of windpipe airway	0	$93		
31505		Diagnostic laryngoscopy.	0	$94.60		
31510		Laryngoscopy with biopsy	0	$180		
31511		Remove foreign body, larynx	0	$228		
31512		Removal of larynx lesion	0	$287		
31513		Injection into vocal cord	0	$396		
31515		Laryngoscopy for aspiration	0	$217		
31520		Diagnostic laryngoscopy	0	$311		
31525		Diagnostic laryngoscopy	0	$358		
31526		Diagnostic laryngoscopy	0	$442		
31527		Laryngoscopy for treatment	0	$465		
31528		Laryngoscopy and dilation	0	$286	$286	*
31529		Laryngoscopy and dilation	0	$327	$327	*
31530		Operative laryngoscopy	0	$525		
31531		Operative laryngoscopy	0	$671		
31535		Operative laryngoscopy	0	$539		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
31536		Operative laryngoscopy	0	$619		
31540		Operative laryngoscopy	0	$711		
31541		Operative laryngoscopy	0	$737		
31545		Remove vc lesion w/scope	0	$719	$719	*
31546		Remove vc lesion scope/graft	0	$1,097	$1,097	*
31560		Operative laryngoscopy	0	$777		
31561		Operative laryngoscopy	0	$1,044		
31570		Laryngoscopy with injection	0	$690		
31571		Laryngoscopy with injection	0	$702		
31575		Diagnostic laryngoscopy	0	$201		
31576		Laryngoscopy with biopsy	0	$357		
31577		Remove foreign body, larynx	0	$440		
31578		Removal of larynx lesion	0	$531		
31579		Diagnostic laryngoscopy.	0	$346		
31580		Revision of larynx	90	$1,911		
31582		Revision of larynx	90	BR		
31584		Repair of larynx fracture	90	$2,305		
31585		Repair of larynx fracture	90	$607		
31586		Repair of larynx fracture	90	$1,027		
31587		Revision of larynx	90	$1,132		
31588		Revision of larynx	90	BR		
31590		Reinnervate larynx	90	BR		
31595		Larynx nerve surgery	90	$1,074		
31599		Larynx surgery procedure		BR		
31600		Incision of windpipe	0	$588		
31601		Incision of windpipe	0	$719		
31603		Incision of windpipe	0	$641		
31605		Incision of windpipe	0	$586		
31610		Incision of windpipe	90	$1,095		
31611		Surgery/speech prosthesis	90	$1,020		
31612		Puncture/clear windpipe.	0	$161		
31613		Repair windpipe opening	90	$476		
31614		Repair windpipe opening	90	$962		
31615		Visualization of windpipe	0	$301		
31620		Endobronchial us add-on	ZZZ	$507	$146	*
31622		Dx bronchoscope/wash	0	$612	$286	*
31623		Dx bronchoscope/brush.	0	$465		
31624		Dx bronchoscope/lavage	0	$468		
31625		Bronchoscopy w/biopsy(s)	0	$664	$338	*
31628		Bronchoscopy/lung bx, each	0	$780	$375	*
31629		Bronchoscopy/needle bx, each	0	$1,312	$401	*
31630		Bronchoscopy dilate/fx repr	0	$416	$416	*
31631		Bronchoscopy, dilate w/stent	0	$459	$459	*
31632		Bronchoscopy/lung bx, add'l	ZZZ	$144	$108	*
31633		Bronchoscopy/needle bx add'l	ZZZ	$171	$134	*
31635		Remove foreign body, airway	0	$619		
31636		Bronchoscopy, bronch stents	0	$452	$452	*
31637		Bronchoscopy, stent add-on	ZZZ	$161	$161	*
31638		Bronchoscopy, revise stent	0	$501	$501	*
31640		Bronchoscopy & remove lesion	0	$753		
31641		Bronchoscopy, treat blockage	0	$516	$516	*
31643		Diag bronchoscope/ catheter.	0	$498		
31645		Bronchoscopy, clear airways	0	$502		
31646		Bronchoscopy,reclear airways	0	$428		
31656		Bronchoscopy, inject for x-ra	0	$393		
31700		Insertion of airway catheter	0	$205		
31708		Instill airway contrast dye	0	$161		
31710		Insertion of airway catheter	0	$164		
31715		Injection for bronchus x-ray	0	$116		
31717		Bronchial brush biopsy	0	$206		
31720		Clearance of airways..	0	$155		
31725		Clearance of airways	0	$250		
31730		Intro windpipe wire/tube	0	$393		
31750		Repair of windpipe	90	$1,347		
31755		Repair of windpipe	90	BR		
31760		Repair of windpipe	90	$2,432		
31766		Reconstruction of windpipe	90	$3,421		
31770		Repair/graft of bronchus	90	$2,712		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
31775		Reconstruct bronchus	90	$2,863		
31780		Reconstruct windpipe	90	$2,516		
31781		Reconstruct windpipe	90	$2,905		
31785		Remove windpipe lesion	90	$1,857		
31786		Remove windpipe lesion	90	$2,695		
31800		Repair of windpipe injury.	90	$1,023		
31805		Repair of windpipe injury	90	$1,687		
31820		Closure of windpipe lesion	90	$577		
31825		Repair of windpipe defect	90	$843		
31830		Revise windpipe scar	90	$591		
31899		Airways surgical procedure		BR		
32000		Drainage of chest	0	$179		
32002		Treatment of collapsed lung	0	$265		
32005		Treat lung lining chemically	0	$243		
32019		Insert pleural catheter	0	$1,740	$442	*
32020		Insertion of chest tube	0	$498		
32035		Exploration of chest	90	$1,031		
32036		Exploration of chest	90	$1,133		
32095		Biopsy through chest wall	90	$1,192		
32100		Exploration/biopsy of chest	90	$1,657		
32110		Explore/repair chest	90	$1,790		
32120		Re-exploration of chest	90	$1,473		
32124		Explore chest,free adhesions	90	$1,704		
32140		Removal of lung lesion(s)	90	$1,907		
32141		Remove/treat lung lesions	90	$1,989		
32150		Removal of lung lesion(s)	90	$1,754		
32151		Remove lung foreign body	90	$1,624		
32160		Open chest heart massage	90	$1,273		
32200		Drain, open, lung lesion.	90	$1,760		
32201		Drain, percut, lung lesion.	0	$653		
32215		Treat chest lining	90	$1,342		
32220		Release of lung	90	$2,580		
32225		Partial release of lung	90	$1,856		
32310		Removal of chest lining.	90	$1,945		
32320		Free/remove chest lining	90	$2,877		
32400		Needle biopsy chest lining	0	$238		
32402		Open biopsy chest lining	90	$1,095		
32405		Biopsy, lung or mediastinum	0	$299		
32420		Puncture/clear lung	0	$213	$213	*
32440		Removal of lung	90	$2,921		
32442		Sleeve pneumonectomy	90	$3,265		
32445		Removal of lung	90	$3,377		
32480		Partial removal of lung	90	$2,635		
32482		Bilobectomy	90	$2,756		
32484		Segmentectomy	90	$2,825		
32486		Sleeve lobectomy	90	$3,010		
32488		Completion pneumonectomy	90	$3,229		
32491		Lung volume reduction.	90	$2,823		
32500		Partial removal of lung	90	$2,063		
32501		Repair bronchus add-on		$642		
32520		Remove lung & revise chest	90	$3,116		
32522		Remove lung & revise chest	90	$3,400		
32525		Remove lung & revise chest	90	$3,712		
32540		Removal of lung lesion	90	$1,914		
32601		Thoracoscopy, diagnostic	0	$673		
32602		Thoracoscopy, diagnostic	0	$742		
32603		Thoracoscopy, diagnostic	0	$840		
32604		Thoracoscopy, diagnostic	0	$941		
32605		Thoracoscopy, diagnostic	0	$777		
32606		Thoracoscopy, diagnostic	0	$914		
32650		Thoracoscopy, surgical	90	$1,346	$1,346	*
32651		Thoracoscopy, surgical	90	$1,856		
32652		Thoracoscopy, surgical	90	$2,580		
32653		Thoracoscopy, surgical	90	$1,754		
32654		Thoracoscopy, surgical	90	$1,790		
32655		Thoracoscopy, surgical	90	$2,009		
32656		Thoracoscopy, surgical	90	$1,970		
32657		Thoracoscopy, surgical	90	$2,063		
32658		Thoracoscopy, surgical	90	$1,902		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
32659		Thoracoscopy, surgical	90	$1,946		
32660		Thoracoscopy, surgical	90	$2,839		
32661		Thoracoscopy, surgical	90	$1,658		
32662		Thoracoscopy, surgical	90	$2,340		
32663		Thoracoscopy, surgical	90	$2,677		
32664		Thoracoscopy, surgical	90	$1,858		
32665		Thoracoscopy, surgical	90	$2,244		
32800		Repair lung hernia	90	$1,554		
32810		Close chest after drainage	90	$1,365		
32815		Close bronchial fistula	90	$2,775		
32820		Reconstruct injured chest	90	BR		
32850		Donor pneumonectomy		BR	BR	*
32851		Lung transplant, single	90	BR		
32852		Lung transplant w/bypass	90	BR		
32853		Lung transplant, double	90	BR		
32854		Lung transplant w/bypass	90	BR		
32855		Prepare donor lung, single		BR	BR	*
32856		Prepare donor lung, double		BR	BR	*
32900		Removal of rib(s)	90	$1,999		
32905		Revise & repair chest wall	90	$2,441		
32906		Revise & repair chest wall	90	$3,080		
32940		Revision of lung	90	$2,213		
32960		Therapeutic pneumothorax	0	$206		
32997		Total lung lavage.....	0	BR		
32999		Chest surgery procedure		BR		
33010		Drainage of heart sac	0	$278		
33011		Repeat drainage of heart sac	0	$245		
33015		Incision of heart sac	90	$745		
33020		Incision of heart sac	90	$1,902		
33025		Incision of heart sac	90	$1,946		
33030		Partial removal of heart sac	90	$2,985		
33031		Partial removal of heart sac	90	$2,506		
33050		Removal of heart sac lesion	90	$1,658		
33120		Removal of heart lesion	90	$4,009		
33130		Removal of heart lesion	90	$2,495		
33140		Heart revascularize (tmr).	90	BR		
33141		Heart tmr w/other procedure	ZZZ	$503	$503	*
33200		Insertion of heart pacemaker	90	$1,788		
33201		Insertion of heart pacemaker	90	$1,543		
33206		Insertion of heart pacemaker	90	$1,101		
33207		Insertion of heart pacemaker	90	$1,247		
33208		Insertion of heart pacemaker	90	$1,377		
33210		Insertion of heart electrode	0	$487		
33211		Insertion of heart electrode	0	$494		
33212		Insertion of pulse generator	90	$812		
33213		Insertion of pulse generator	90	$879		
33214		Upgrade of pacemaker system	90	$983		
33215		Reposition pacing-defib lead	90	$588	$588	*
33216		Insert lead pace-defib, one	90	$735	$735	*
33217		Revise eltrd pacing- defib.	90	$806		
33218		Revise eltrd pacing- defib.	90	$748		
33220		Revise eltrd pacing- defib.	90	$760		
33222		Pacemaker aicd pocket	90	$800		
33223		Revise pocket, pacing- defib.	90	$928		
33224		Insert pacing lead & connect	0	$965	$965	*
33225		L ventric pacing lead add-on	ZZZ	$855	$855	*
33226		Reposition l ventric lead	0	$929	$929	*
33233		Removal of pacemaker system.	90	$440		
33234		Removal of pacemaker system.	90	$814		
33235		Removal pacemaker electrode.	90	$960		
33236		Remove electrode/thoracotomy	90	$1,155		
33237		Remove electrode/thoracotomy	90	$1,680		
33238		Remove electrode/thoracotomy	90	$1,872		
33240		Insert pulse generator	90	$986		
33241		Remove pulse generator	90	$436		
33243		Remove eltrd/ thoracotomy.	90	$2,408		
33244		Remove eltrd, transven	90	$1,333		
33245		Insert epic eltrd pace defib.	90	$2,235		
33246		Insert epic eltrd/ generator.	90	$3,049		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
33249		Eltrd/insert pace- defib.	90	$2,100		
33250		Ablate heart dysrhythm focus	90	$2,545	$2,545	*
33251		Ablate heart dysrhythm focus	90	$2,987		
33253		Reconstruct atria.....	90	$4,077		
33261		Ablate heart dysrhythm focus.	90	$3,134		
33282		Implant pat-active ht record.	90	BR		
33284		Remove pat-active ht record.	90	BR		
33300		Repair of heart wound	90	$2,347		
33305		Repair of heart wound	90	$2,809		
33310		Exploratory heart surgery	90	$2,171	$2,171	*
33315		Exploratory heart surgery	90	$2,633		
33320		Repair major blood vessel(s).	90	$2,382		
33321		Repair major vessel	90	$3,087		
33322		Repair major blood vessel(s)	90	$3,097		
33330		Insert major vessel graft.	90	$2,651		
33332		Insert major vessel graft	90	$2,797		
33335		Insert major vessel graft	90	$3,195		
33400		Repair of aortic valve	90	$3,695		
33401		Valvuloplasty, open	90	$2,971		
33403		Valvuloplasty, w/cp bypass	90	$3,100		
33404		Prepare heart-aorta conduit	90	$3,522		
33405		Replacement of aortic valve.	90	$4,607		
33406		Replacement of aortic valve	90	$4,391	$4,391	*
33410		Replacement of aortic valve.	90	BR		
33411		Replacement of aortic valve	90	$5,413		
33412		Replacement of aortic valve	90	$4,217		
33413		Replacement of aortic valve	90	$5,012	$5,012	*
33414		Repair, aortic valve	90	$3,874		
33415		Revision, subvalvular tissue	90	$3,262		
33416		Revise ventricle muscle	90	$4,341		
33417		Repair of aortic valve	90	BR		
33420		Revision of mitral valve	90	$3,041		
33422		Revision of mitral valve	90	$4,387		
33425		Repair of mitral valve	90	$4,407		
33426		Repair of mitral valve	90	$4,518		
33427		Repair of mitral valve	90	$5,173		
33430		Replacement of mitral valve	90	$4,982		
33460		Revision of tricuspid valve	90	$3,709		
33463		Valvuloplasty, tricuspid	90	$3,197		
33464		Valvuloplasty, tricuspid	90	$3,423		
33465		Replace tricuspid valve	90	$4,615		
33468		Revision of tricuspid valve	90	$3,664		
33470		Revision of pulmonary valve	90	BR		
33471		Valvotomy, pulmonary valve	90	$2,797		
33472		Revision of pulmonary valve	90	BR		
33474		Revision of pulmonary valve	90	$2,539		
33475		Replacement, pulmonary valve	90	$3,617		
33476		Revision of heart chamber	90	BR		
33478		Revision of heart chamber	90	BR		
33496		Repair, prosth valve clot.	90	$4,301		
33500		Repair heart vessel fistula	90	$2,993		
33501		Repair heart vessel fistula	90	$2,443		
33502		Coronary artery correction	90	$2,474		
33503		Coronary artery graft	90	$2,460		
33504		Coronary artery graft	90	$2,777		
33505		Repair artery w/tunnel	90	$3,357		
33506		Repair artery, translocation	90	$3,357		
33508		Endoscopic vein harvest	ZZZ	$32	$32	*
33510		Cabg, vein, single	90	$4,109		
33511		Cabg, vein, two	90	$4,510		
33512		Cabg, vein, three	90	$4,912		
33513		Cabg, vein, four	90	$5,312		
33514		Cabg, vein, five	90	$5,713		
33516		Cabg, vein, six+	90	$6,114		
33517		Cabg, artery-vein, single		$402		
33518		Cabg, artery-vein, two		$803		
33519		Cabg, artery-vein, three		$1,204		
33521		Cabg, artery-vein, four		$1,605		
33522		Cabg, artery-vein, five		$2,007		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
33523		Cabg, artery-vein, six+		$2,408		
33530		Coronary artery, bypass/reop		$1,305		
33533		Cabg, arterial, single	90	$4,234		
33534		Cabg, arterial, two	90	$4,761		
33535		Cabg, arterial, three	90	$5,288		
33536		Cabg, arterial, four+	90	$5,815		
33542		Removal of heart lesion	90	$4,448		
33545		Repair of heart damage	90	$5,320		
33572		Open coronary endarterectomy		$582		
33600		Closure of valve	90	$3,746		
33602		Closure of valve	90	$3,617		
33606		Anastomosis/artery-aorta	90	$3,874		
33608		Repair anomaly w/conduit	90	$3,972		
33610		Repair by enlargement	90	$3,451	$3,451	*
33611		Repair double ventricle	90	$4,133		
33612		Repair double ventricle	90	$4,243		
33615		Repair (simple fontan)	90	$4,035		
33617		Repair by modified fontan	90	$4,262		
33619		Repair single ventricle	90	$4,682		
33641		Repair heart septum defect	90	$3,574		
33645		Revision of heart veins	90	$2,978		
33647		Repair heart septum defects	90	BR		
33660		Repair of heart defects	90	BR		
33665		Repair of heart defects	90	BR		
33670		Repair of heart chambers	90	BR		
33681		Repair heart septum defect	90	BR		
33684		Repair heart septum defect	90	BR		
33688		Repair heart septum defect	90	BR		
33690		Reinforce pulmonary artery	90	BR		
33692		Repair of heart defects	90	$3,874		
33694		Repair of heart defects	90	BR		
33697		Repair of heart defects.	90	$5,344		
33702		Repair of heart defects	90	BR		
33710		Repair of heart defects	90	BR		
33720		Repair of heart defect	90	BR		
33722		Repair of heart defect	90	$3,617		
33730		Repair heart-vein defect(s)	90	BR		
33732		Repair heart-vein defect	90	$3,584		
33735		Revision of heart chamber	90	BR		
33736		Revision of heart chamber	90	$2,643		
33737		Revision of heart chamber	90	BR		
33750		Major vessel shunt	90	BR		
33755		Major vessel shunt	90	BR		
33762		Major vessel shunt	90	BR		
33764		Major vessel shunt & graft	90	BR		
33766		Major vessel shunt	90	$2,842		
33767		Atrial septectomy/septostomy	90	$3,100		
33770		Repair great vessels defect	90	$4,229		
33771		Repair great vessels defect	90	$4,392		
33774		Repair great vessels defect	90	BR		
33775		Repair great vessels defect	90	BR		
33776		Repair great vessels defect	90	BR		
33777		Repair great vessels defect	90	BR		
33778		Repair great vessels defect	90	BR		
33779		Repair great vessels defect	90	BR		
33780		Repair great vessels defect	90	BR		
33781		Repair great vessels defect	90	BR		
33786		Repair arterial trunk	90	BR		
33788		Revision of pulmonary artery	90	BR		
33800		Aortic suspension	90	$2,009		
33802		Repair vessel defect	90	BR		
33803		Repair vessel defect	90	BR		
33813		Repair septal defect	90	BR		
33814		Repair septal defect	90	BR		
33820		Revise major vessel	90	BR		
33822		Revise major vessel	90	BR		
33824		Revise major vessel	90	BR		
33840		Remove aorta constriction	90	BR		
33845		Remove aorta constriction	90	BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
33851		Remove aorta constriction	90	BR		
33852		Repair septal defect	90	BR		
33853		Repair septal defect	90	$4,004		
33860		Ascending aorta graft	90	$5,106		
33861		Ascending aorta graft	90	$5,244		
33863		Ascending aorta graft	90	$5,382		
33870		Transverse aortic arch graft	90	$6,376		
33875		Thoracic aorta graft	90	$4,515		
33877		Thoracoabdominal graft	90	$6,567		
33910		Remove lung artery emboli	90	$2,780		
33915		Remove lung artery emboli	90	$2,341		
33916		Surgery of great vessel	90	$3,198		
33917		Repair pulmonary artery	90	$3,100		
33918		Repair pulmonary atresia	90	$3,357		
33919		Repair pulmonary atresia	90	$4,116		
33920		Repair pulmonary atresia	90	$4,067		
33922		Transect pulmonary artery	90	$2,971		
33924		Remove pulmonary shunt		$700		
33930		Removal of donor heart/lung		BR	BR	*
33933		Prepare donor heart/lung		BR	BR	*
33935		Transplantation, heart/lung	90	BR		
33940		Removal of donor heart		BR	BR	*
33944		Prepare donor heart		BR	BR	*
33945		Transplantation of heart	90	BR		
33960		External circulation assist		$1,934		
33961		External circulation assist.		$1,378		
33967		Insert ia percut device	0	$498	$498	*
33968		Remove aortic assist device.	90	BR		
33970		Aortic circulation assist	0	$1,174		
33971		Aortic circulation assist	90	$717		
33973		Insert balloon device	0	$1,295		
33974		Remove intra-aortic balloon	90	$1,356		
33975		Implant ventricular device		$2,144	$2,144	*
33976		Implant ventricular device		$2,390	$2,390	*
33977		Remove ventricular device	90	$2,346	$2,346	*
33978		Remove ventricular device	90	$2,598	$2,598	*
33979		Insert intracorporeal device		$4,796	$4,796	*
33980		Remove intracorporeal device	90	$6,363	$6,363	*
33999		Cardiac surgery procedure		BR		
34001		Removal of artery clot	90	$1,638		
34051		Removal of artery clot	90	$1,701		
34101		Removal of artery clot	90	$1,330		
34111		Removal of arm artery clot	90	$1,158		
34151		Removal of artery clot	90	$2,094		
34201		Removal of artery clot	90	$1,326		
34203		Removal of leg artery clot	90	$1,516		
34401		Removal of vein clot	90	$1,494		
34421		Removal of vein clot	90	$1,264		
34451		Removal of vein clot	90	$1,838		
34471		Removal of vein clot	90	$934		
34490		Removal of vein clot	90	$1,085		
34501		Repair valve, femoral vein	90	BR		
34502		Reconstruct, vena cava	90	$3,394		
34510		Transposition of vein valve	90	BR		
34520		Cross-over vein graft	90	BR		
34530		Leg vein fusion	90	BR		
34800		Endovas aaa repr w/sm tube	90	$2,281	$2,281	*
34802		Endovas aaa repr w/2-p part	90	$2,481	$2,481	*
34803		Endovas aaa repr w/3-p part	90	$2,566	$2,566	*
34804		Endovas aaa repr w/1-p part	90	$2,481	$2,481	*
34805		Endovas aaa repr w/long tube	90	$2,373	$2,373	*
34808		Endovas iliac a device addon	ZZZ	$427	$427	*
34812		Xpose for endoprosth, femorl	0	$717	$717	*
34813		Femoral endovas graft add-on	ZZZ	$496	$496	*
34820		Xpose for endoprosth, iliac	0	$1,019	$1,019	*
34825		Endovasc extend prosth, init	90	$1,374	$1,374	*
34826		Endovasc exten prosth, add'l	ZZZ	$420	$420	*
34830		Open aortic tube prosth repr	90	$3,598	$3,598	*
34831		Open aortoiliac prosth repr	90	$3,659	$3,659	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
34832		Open aortofemor prosth repr	90	$3,871	$3,871	*
34833		Xpose for endoprosth, iliac	0	$1,279	$1,279	*
34834		Xpose, endoprosth, brachial	0	$587	$587	*
34900		Endovasc iliac repr w/graft	90	$1,832	$1,832	*
35001		Repair defect of artery	90	$2,261	$2,261	*
35002		Repair artery rupture, neck	90	$2,441		
35005		Repair defect of artery	90	$2,033	$2,033	*
35011		Repair defect of artery.	90	$1,803		
35013		Repair artery rupture, arm	90	$2,385		
35021		Repair defect of artery	90	$2,254	$2,254	*
35022		Repair artery rupture, chest	90	$2,742		
35045		Repair defect of arm artery	90	$1,946	$1,946	*
35081		Repair defect of artery	90	$3,072	$3,072	*
35082		Repair artery rupture, aorta	90	$3,986		
35091		Repair defect of artery	90	$3,825	$3,825	*
35092		Repair artery rupture, aorta	90	$4,781		
35102		Repair defect of artery	90	$3,364	$3,364	*
35103		Repair artery rupture, groin	90	$4,437		
35111		Repair defect of artery	90	$2,749	$2,749	*
35112		Repair artery rupture,spleen	90	$2,127		
35121		Repair defect of artery	90	$3,299	$3,299	*
35122		Repair artery rupture, belly	90	$3,820		
35131		Repair defect of artery	90	$2,793	$2,793	*
35132		Repair artery rupture, groin	90	$3,020		
35141		Repair defect of artery	90	$2,247	$2,247	*
35142		Repair artery rupture, thigh	90	$2,404		
35151		Repair defect of artery	90	$2,536	$2,536	*
35152		Repair artery rupture, knee	90	$1,888		
35180		Repair blood vessel lesion	90	$1,488		
35182		Repair blood vessel lesion	90	$2,009		
35184		Repair blood vessel lesion	90	$1,592		
35188		Repair blood vessel lesion	90	$1,615		
35189		Repair blood vessel lesion	90	$2,170		
35190		Repair blood vessel lesion	90	$1,718		
35201		Repair blood vessel lesion	90	$1,480		
35206		Repair blood vessel lesion	90	$1,463		
35207		Repair blood vessel lesion	90	$1,543		
35211		Repair blood vessel lesion	90	$2,557		
35216		Repair blood vessel lesion	90	$2,115		
35221		Repair blood vessel lesion	90	$2,010		
35226		Repair blood vessel lesion	90	$1,444		
35231		Repair blood vessel lesion	90	$2,009		
35236		Repair blood vessel lesion	90	$1,697		
35241		Repair blood vessel lesion	90	$2,637		
35246		Repair blood vessel lesion	90	$2,636		
35251		Repair blood vessel lesion	90	$1,953		
35256		Repair blood vessel lesion	90	$1,765		
35261		Repair blood vessel lesion	90	$1,856		
35266		Repair blood vessel lesion	90	$1,633		
35271		Repair blood vessel lesion	90	$2,495		
35276		Repair blood vessel lesion	90	$2,140		
35281		Repair blood vessel lesion	90	$2,532		
35286		Repair blood vessel lesion	90	$1,757		
35301		Rechanneling of artery	90	$2,352		
35311		Rechanneling of artery	90	$3,489		
35321		Rechanneling of artery	90	$1,892		
35331		Rechanneling of artery	90	$2,701		
35341		Rechanneling of artery	90	$3,155		
35351		Rechanneling of artery	90	$2,624		
35355		Rechanneling of artery	90	$2,373		
35361		Rechanneling of artery	90	$3,214		
35363		Rechanneling of artery	90	$3,563		
35371		Rechanneling of artery	90	$1,806		
35372		Rechanneling of artery	90	$1,824		
35381		Rechanneling of artery	90	$2,186		
35390		Reoperation, carotid add-on.		$366		
35400		Angioscopy.....		$378		
35450		Repair arterial blockage	0	$1,723		
35452		Repair arterial blockage	0	$841		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
35454		Repair arterial blockage	0	$1,137		
35456		Repair arterial blockage	0	$1,322		
35458		Repair arterial blockage.	0	$1,424		
35459		Repair arterial blockage	0	$1,467		
35460		Repair venous blockage	0	$705		
35470		Repair arterial blockage.	0	$1,320		
35471		Repair arterial blockage	0	$1,723		
35472		Repair arterial blockage	0	$805		
35473		Repair arterial blockage	0	$1,137		
35474		Repair arterial blockage	0	$1,323		
35475		Repair arterial blockage.	0	$1,423		
35476		Repair venous blockage	0	$705		
35480		Atherectomy, open	0	$1,833		
35481		Atherectomy, open	0	$890		
35482		Atherectomy, open	0	$1,190		
35483		Atherectomy, open	0	$1,427		
35484		Atherectomy, open.....	0	$1,493		
35485		Atherectomy, open	0	$1,067		
35490		Atherectomy, percutaneous	0	$1,833		
35491		Atherectomy, percutaneous	0	$890		
35492		Atherectomy, percutaneous	0	$1,190		
35493		Atherectomy, percutaneous	0	$1,427		
35494		Atherectomy, percutaneous.	0	$1,494		
35495		Atherectomy, percutaneous	0	$1,067		
35500		Harvest vein for bypass.		BR		
35501		Artery bypass graft	90	$2,908		
35506		Artery bypass graft	90	$2,905		
35507		Artery bypass graft	90	$2,814		
35508		Artery bypass graft	90	$2,743		
35509		Artery bypass graft	90	$2,798		
35510		Artery bypass graft	90	$2,498	$2,498	*
35511		Artery bypass graft	90	$1,962		
35512		Artery bypass graft	90	$2,451	$2,451	*
35515		Artery bypass graft	90	$2,157		
35516		Artery bypass graft	90	$2,534		
35518		Artery bypass graft	90	$2,471		
35521		Artery bypass graft	90	$2,525		
35522		Artery bypass graft	90	$2,380	$2,380	*
35525		Artery bypass graft	90	$2,273	$2,273	*
35526		Artery bypass graft	90	$2,408		
35531		Artery bypass graft	90	$3,421		
35533		Artery bypass graft	90	$3,158		
35536		Artery bypass graft	90	$3,341		
35541		Artery bypass graft...	90	$3,356		
35546		Artery bypass graft	90	$3,527		
35548		Artery bypass graft	90	BR		
35549		Artery bypass graft	90	BR		
35551		Artery bypass graft	90	$3,418		
35556		Artery bypass graft	90	$2,682		
35558		Artery bypass graft	90	$2,298		
35560		Artery bypass graft	90	$3,275		
35563		Artery bypass graft	90	$1,688		
35565		Artery bypass graft	90	$2,480		
35566		Artery bypass graft	90	$3,179		
35571		Artery bypass graft	90	$2,824		
35572		Harvest femoropopliteal vein	ZZZ	$711	$711	*
35583		Vein bypass graft	90	$2,870		
35585		Vein bypass graft	90	$3,301		
35587		Vein bypass graft	90	$3,024		
35600		Harvest artery for cabg	ZZZ	$516	$516	*
35601		Artery bypass graft	90	$2,715		
35606		Artery bypass graft	90	$2,723		
35612		Artery bypass graft	90	$2,439		
35616		Artery bypass graft	90	$2,450		
35621		Artery bypass graft	90	$2,454		
35623		Bypass graft, not vein	90	$1,795		
35626		Artery bypass graft	90	$3,317		
35631		Artery bypass graft	90	$3,157		
35636		Artery bypass graft...	90	$2,677		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
35641		Artery bypass graft...	90	$3,336		
35642		Artery bypass graft	90	$2,069		
35645		Artery bypass graft	90	$2,080		
35646		Artery bypass graft	90	$3,431	$3,431	*
35647		Artery bypass graft	90	$3,094	$3,094	*
35650		Artery bypass graft	90	$2,359		
35651		Artery bypass graft	90	$3,713		
35654		Artery bypass graft	90	$3,125		
35656		Artery bypass graft	90	$2,491		
35661		Artery bypass graft	90	$2,165		
35663		Artery bypass graft	90	$2,373		
35665		Artery bypass graft	90	$2,507		
35666		Artery bypass graft	90	$2,833		
35671		Artery bypass graft	90	$2,484		
35681		Composite bypass graft		$854		
35682		Composite bypass graft		$1,260		
35683		Composite bypass graft		$1,360		
35685		Bypass graft patency/patch	ZZZ	$423	$423	*
35686		Bypass graft/av fist patency	ZZZ	$350	$350	*
35691		Arterial transposition	90	$2,841		
35693		Arterial transposition	90	$1,792		
35694		Arterial transposition	90	$2,075		
35695		Arterial transposition	90	$2,075		
35697		Reimplant artery each	ZZZ	$314	$314	*
35700		Reoperation, bypass graft		$359		
35701		Exploration, carotid artery	90	$851		
35721		Exploration, femoral artery	90	$794		
35741		Exploration popliteal artery	90	$808		
35761		Exploration of artery/vein	90	$813		
35800		Explore neck vessels	90	$871		
35820		Explore chest vessels	90	$1,487		
35840		Explore abdominal vessels	90	$1,225		
35860		Explore limb vessels	90	$814		
35870		Repair vessel graft defect	90	BR		
35875		Removal of clot in graft.	90	$1,369		
35876		Removal of clot in graft	90	$1,612		
35879		Revise graft w/vein...	90	BR		
35881		Revise graft w/vein...	90	BR		
35901		Excision, graft, neck	90	$1,125		
35903		Excision, graft, extremity	90	$1,223		
35905		Excision, graft, thorax	90	$1,808		
35907		Excision, graft, abdomen	90	$1,864		
36000		Place needle in vein		$44		
36002		Pseudoaneurysm injection trt	0	$354	$220	*
36005		Injection ext venography	0	$614	$94	*
36010		Place catheter in vein		$343		
36011		Place catheter in vein		$372		
36012		Place catheter in vein		$461		
36013		Place catheter in artery		$350		
36014		Place catheter in artery		$395		
36015		Place catheter in artery		$461		
36100		Establish access to artery		$420		
36120		Establish access to artery		$328		
36140		Establish access to artery		$259		
36145		Artery to vein shunt		$388		
36160		Establish access to aorta		$368		
36200		Place catheter in aorta		$427		
36215		Place catheter in artery		$530		
36216		Place catheter in artery		$626		
36217		Place catheter in artery		$746		
36218		Place catheter in artery.		$136		
36245		Place catheter in artery		$601		
36246		Place catheter in artery		$626		
36247		Place catheter in artery		$746		
36248		Place catheter in artery.		$136		
36260		Insertion of infusion pump	90	$1,234		
36261		Revision of infusion pump	90	$544		
36262		Removal of infusion pump	90	$427		
36299		Vessel injection procedure		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
36400		Bl draw < 3 yrs fem/jugular		$49	$35	*
36405		Drawing blood		$47		
36406		Drawing blood		$25		
36410		Non-routine bl draw > 3 yrs		$34	$17	*
36415		Routine venipuncture		BR	BR	*
36416		Capillary blood draw		BR	BR	*
36420		Establish access to vein		$112		
36425		Establish access to vein		$61		
36430		Blood transfusion service		$73		
36440		Blood transfusion service		$145		
36450		Exchange transfusion service		$304		
36455		Exchange transfusion service		$349		
36460		Transfusion service, fetal		BR		
36468		Injection(s);spider veins		BR		
36469		Injection(s);spider veins		BR		
36470		Injection therapy of vein	10	$94		
36471		Injection therapy of veins	10	$137		
36475		Endovenous rf, 1st vein	0	$4,146	$682	*
36476		Endovenous rf, vein add-on	ZZZ	$811	$333	*
36478		Endovenous laser, 1st vein	0	$3,818	$682	*
36479		Endovenous laser vein addon	ZZZ	$819	$333	*
36481		Insertion of catheter, vein	0	$914		
36500		Insertion of catheter, vein	0	$256		
36510		Insertion of catheter, vein	0	$103		
36511		Apheresis wbc	0	$181	$181	*
36512		Apheresis rbc	0	$181	$181	*
36513		Apheresis platelets	0	$187	$187	*
36514		Apheresis plasma	0	$1,332	$179	*
36515		Apheresis, adsorp/reinfuse	0	$4,829	$176	*
36516		Apheresis, selective	0	$6,050	$126	*
36522		Photopheresis	0	$438		
36540		Collect blood venous device		BR	BR	*
36550		Declot vascular device		BR		
36555		Insert non-tunnel cv cath	0	$606	$255	*
36556		Insert non-tunnel cv cath	0	$589	$243	*
36557		Insert tunneled cv cath	10	$1,900	$589	*
36558		Insert tunneled cv cath	10	$1,871	$561	*
36560		Insert tunneled cv cath	10	$2,586	$698	*
36561		Insert tunneled cv cath	10	$2,562	$674	*
36563		Insert tunneled cv cath	10	$2,393	$709	*
36565		Insert tunneled cv cath	10	$2,216	$674	*
36566		Insert tunneled cv cath	10	$2,308	$721	*
36568		Insert picc cath	0	$678	$186	*
36569		Insert picc cath	0	$663	$183	*
36570		Insert picvad cath	10	$2,768	$610	*
36571		Insert picvad cath	10	$2,772	$608	*
36575		Repair tunneled cv cath	0	$349	$81	*
36576		Repair tunneled cv cath	10	$732	$371	*
36578		Replace tunneled cv cath	10	$1,051	$425	*
36580		Replace cvad cath	0	$598	$135	*
36581		Replace tunneled cv cath	10	$1,639	$393	*
36582		Replace tunneled cv cath	10	$2,226	$585	*
36583		Replace tunneled cv cath	10	$2,231	$590	*
36584		Replace picc cath	0	$593	$138	*
36585		Replace picvad cath	10	$2,326	$547	*
36589		Removal tunneled cv cath	10	$337	$276	*
36590		Removal tunneled cv cath	10	$503	$386	*
36595		Mech remov tunneled cv cath	0	$1,494	$374	*
36596		Mech remov tunneled cv cath	0	$318	$92	*
36597		Reposition venous catheter	0	$262	$123	*
36600		Withdrawal of arterial blood		$44		
36620		Insertion catheter, artery	0	$138		
36625		Insertion catheter, artery	0	$223		
36640		Insertion catheter, artery	0	$341		
36660		Insertion catheter, artery	0	$138		
36680		Insert needle, bone cavity	0	$180		
36800		Insertion of cannula..	0	$338		
36810		Insertion of cannula	0	$677		
36815		Insertion of cannula	0	$474		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
36818		Av fuse, uppr arm, cephalic	90	$1,377	$1,377	*
36819		Av fuse, uppr arm, basilic	90	$1,579	$1,579	*
36820		Av fusion/forearm vein	90	$1,579	$1,579	*
36821		Av fusion direct any site.	90	$1,202		
36822		Insertion of cannula(s).	90	$870		
36823		Insertion of cannula(s)	90	$2,351	$2,351	*
36825		Artery-vein graft.....	90	$1,522		
36830		Artery-vein nonautograft	90	$1,336	$1,336	*
36831		Open thrombect av fistula	90	$922	$922	*
36832		Av fistula revision, open	90	$1,179	$1,179	*
36833		Av fistula revision...	90	$1,248		
36834		Repair A-V aneurysm	90	$1,315		
36835		Artery to vein shunt..	90	$811		
36838		Dist revas ligation, hemo	90	$2,337	$2,337	*
36860		External cannula declotting.	0	$356		
36861		Cannula declotting	0	$555		
36870		Percut thrombect av fistula	90	$4,148	$612	*
37140		Revision of circulation	90	$2,554	$2,554	*
37145		Revision of circulation	90	$2,974		
37160		Revision of circulation	90	$2,950		
37180		Revision of circulation	90	$2,840		
37181		Splice spleen/kidney veins	90	$3,192		
37182		Insert hepatic shunt (tips)	0	$1,703	$1,703	*
37183		Remove hepatic shunt (tips)	0	$814	$814	*
37195		Thrombolytic therapy, stroke.		$605		
37200		Transcatheter biopsy	0	$445		
37201		Transcatheter therapy infuse	0	$948		
37202		Transcatheter therapy infuse	0	$742		
37203		Transcatheter retrieval	0	$658		
37204		Transcatheter occlusion	0	$2,371		
37205		Transcath iv stent, percut	0	$895	$895	*
37206		Transcatheter stent add-on.		$487		
37207		Transcatheter stent	0	$981		
37208		Transcatheter stent add-on.		$479		
37209		Exchange arterial catheter	0	$174		
37215		Transcath stent, cca w/eps	90	$2,048	$2,048	*
37216		Transcath stent, cca w/o eps	90	$1,973	$1,973	*
37250		Iv us first vessel add on.		$249		
37251		Iv us each add vessel add-on.		$193		
37500		Endoscopy ligate perf veins	90	$1,372	$1,372	*
37501		Vascular endoscopy procedure	BR	BR	BR	*
37565		Ligation of neck vein.	90	$616		
37600		Ligation of neck artery	90	$737		
37605		Ligation of neck artery	90	$795		
37606		Ligation of neck artery	90	$816		
37607		Ligation of fistula	90	$681		
37609		Temporal artery procedure	10	$345		
37615		Ligation of neck artery	90	$833		
37616		Ligation of chest artery	90	$1,397		
37617		Ligation of abdomen artery	90	$1,680		
37618		Ligation of extremity artery	90	$704		
37620		Revision of major vein	90	$1,383		
37650		Revision of major vein	90	$676		
37660		Revision of major vein	90	$1,242		
37700		Revise leg vein	90	$559		
37720		Removal of leg vein	90	$805		
37730		Removal of leg veins	90	$1,061		
37735		Removal of leg veins/lesion	90	$1,410		
37760		Ligation, leg veins, open	90	$1,218	$1,218	*
37765		Phleb veins - extrem - to 20	90	$882	$882	*
37766		Phleb veins - extrem 20+	90	$1,070	$1,070	*
37780		Revision of leg vein	90	$408		
37785		Ligate/divide/excise vein	90	$676	$500	*
37788		Revascularization, penis	90	BR		
37790		Penile venous occlusion	90	$861		
37799		Vascular surgery procedure		BR		
38100		Removal of spleen, total	90	$1,582		
38101		Removal of spleen, partial	90	$1,494		
38102		Removal of spleen, total.		$546		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
38115		Repair of ruptured spleen	90	$1,538		
38120		Laparoscopy, splenectomy.		BR		
38129		Laparoscope proc, spleen.		BR		
38200		Injection for spleen x-ray	0	$319		
38204		Bl donor search management		BR	BR	*
38205		Harvest allogenic stem cells	0	$159	$159	*
38206		Harvest auto stem cells	0	$159	$159	*
38207		Cryopreserve stem cells		BR	BR	*
38208		Thaw preserved stem cells		BR	BR	*
38209		Wash harvest stem cells		BR	BR	*
38210		T-cell depletion of harvest		BR	BR	*
38211		Tumor cell deplete of harvst		BR	BR	*
38212		Rbc depletion of harvest		BR	BR	*
38213		Platelet deplete of harvest		BR	BR	*
38214		Volume deplete of harvest		BR	BR	*
38215		Harvest stem cell concentrte		BR	BR	*
38220		Bone marrow aspiration		$345	$118	*
38221		Bone marrow biopsy		$381	$148	*
38230		Bone marrow collection	10	$436		
38240		Bone marrow/stem transplant.		$308		
38241		Bone marrow transplantation		$312		
38242		Lymphocyte infuse transplant	0	$184	$184	*
38300		Drainage lymph node lesion	10	$154		
38305		Drainage lymph node lesion	90	$465		
38308		Incision of lymph channels	90	$593		
38380		Thoracic duct procedure	90	$831		
38381		Thoracic duct procedure	90	$1,498		
38382		Thoracic duct procedure	90	$1,076		
38500		Biopsy/removal, lymph nodes	10	$561	$447	*
38505		Needle biopsy,lymph node(s)	0	$172		
38510		Biopsy/removal, lymph nodes	10	$900	$754	*
38520		Biopsy/removal, lymph nodes	90	$819	$819	*
38525		Biopsy/removal, lymph nodes	90	$720	$720	*
38530		Biopsy/removal, lymph nodes	90	$954	$954	*
38542		Explore deep node(s), neck	90	$727		
38550		Removal, neck/armpit lesion.	90	$750		
38555		Removal, neck/armpit lesion.	90	$1,649		
38562		Removal, pelvic lymph nodes	90	$1,256		
38564		Removal, abdomen lymph nodes	90	$1,338		
38570		Laparoscopy, lymph node biop.	10	BR		
38571		Laparoscopy, lymphadenectomy.	10	BR		
38572		Laparoscopy, lymphadenectomy.	10	BR		
38589		Laparoscope proc, lymphatic.		BR		
38700		Removal of lymph nodes, neck	90	$1,310		
38720		Removal of lymph nodes, neck	90	$2,128		
38724		Removal of lymph nodes, neck	90	$2,094		
38740		Remove armpit lymph nodes	90	$850		
38745		Remove armpits lymph nodes	90	$1,283		
38746		Remove thoracic lymph nodes.		$508		
38747		Remove abdominal lymph nodes.		$560		
38760		Remove groin lymph nodes	90	$1,145		
38765		Remove groin lymph nodes	90	$2,129		
38770		Remove pelvis lymph nodes	90	$2,069		
38780		Remove abdomen lymph nodes	90	$2,432		
38790		Inject for lymphatic x ray.	0	$757		
38790		Inject for lymphatic x ray.	0	$757		
38792		Identify sentinel node	0	BR		
38794		Access thoracic lymph duct	90	$515		
38999		Blood/lymph system procedure		BR		
39000		Exploration of chest..	90	$982		
39010		Exploration of chest..	90	$1,790		
39200		Removal chest lesion	90	$1,849		
39220		Removal chest lesion	90	$2,402		
39400		Visualization of chest	10	$792		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
39499		Chest procedure		BR		
39501		Repair diaphragm laceration.	90	$1,800		
39502		Repair paraesophageal hernia	90	$2,093		
39503		Repair of diaphragm hernia	90	$4,342		
39520		Repair of diaphragm hernia	90	$2,136		
39530		Repair of diaphragm hernia	90	$2,194		
39531		Repair of diaphragm hernia	90	$1,914		
39540		Repair of diaphragm hernia	90	$1,882		
39541		Repair of diaphragm hernia	90	$1,957		
39545		Revision of diaphragm.	90	$1,624		
39560		Resect diaphragm, simple.	90	BR		
39561		Resect diaphragm, complex.	90	BR		
39599		Diaphragm surgery procedure		BR		
40490		Biopsy of lip	0	$144		
40500		Partial excision of lip	90	$797		
40510		Partial excision of lip	90	$796		
40520		Partial excision of lip	90	$689		
40525		Reconstruct lip with flap	90	$1,274		
40527		Reconstruct lip with flap	90	$1,524		
40530		Partial removal of lip	90	$778		
40650		Repair lip	90	$610		
40652		Repair lip	90	$716		
40654		Repair lip	90	$899		
40700		Repair cleft lip/nasal	90	$1,541		
40701		Repair cleft lip/nasal	90	$2,553		
40702		Repair cleft lip/nasal	90	$1,615		
40720		Repair cleft lip/nasal	90	$1,720		
40761		Repair cleft lip/nasal	90	$1,882		
40799		Lip surgery procedure		BR		
40800		Drainage of mouth lesion	10	$137		
40801		Drainage of mouth lesion	10	$308		
40804		Removal foreign body, mouth	10	$130		
40805		Removal foreign body, mouth	10	$385		
40806		Incision of lip fold	0	$49		
40808		Biopsy of mouth lesion	10	$124		
40810		Excision of mouth lesion	10	$180		
40812		Excise/repair mouth lesion	10	$277		
40814		Excise/repair mouth lesion	90	$483		
40816		Excision of mouth lesion	90	$501		
40818		Excise oral mucosa for graft	90	$334		
40819		Excise lip or cheek fold	90	$257		
40820		Treatment of mouth lesion	10	$129		
40830		Repair mouth laceration	10	$174		
40831		Repair mouth laceration	10	$323		
40840		Reconstruction of mouth	90	BR		
40842		Reconstruction of mouth	90	BR		
40843		Reconstruction of mouth	90	BR		
40844		Reconstruction of mouth	90	BR		
40845		Reconstruction of mouth	90	BR		
40899		Mouth surgery procedure		BR		
41000		Drainage of mouth lesion	10	$148		
41005		Drainage of mouth lesion	10	$135		
41006		Drainage of mouth lesion	90	$294		
41007		Drainage of mouth lesion	90	$431		
41008		Drainage of mouth lesion	90	$307		
41009		Drainage of mouth lesion	90	$496		
41010		Incision of tongue fold	10	$113		
41015		Drainage of mouth lesion	90	$332		
41016		Drainage of mouth lesion	90	$551		
41017		Drainage of mouth lesion	90	$373		
41018		Drainage of mouth lesion	90	$641		
41100		Biopsy of tongue	10	$175		
41105		Biopsy of tongue	10	$179		
41108		Biopsy of floor of mouth	10	$138		
41110		Excision of tongue lesion	10	$206		
41112		Excision of tongue lesion	90	$372		
41113		Excision of tongue lesion	90	$486		
41114		Excision of tongue lesion	90	$1,062		
41115		Excision of tongue fold	10	$258		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
41116		Excision of mouth lesion	90	$363		
41120		Partial removal of tongue	90	$1,203		
41130		Partial removal of tongue	90	$1,449		
41135		Tongue and neck surgery	90	$2,578		
41140		Removal of tongue	90	$3,171		
41145		Tongue removal; neck surgery	90	$3,774		
41150		Tongue, mouth, jaw surgery	90	$2,887		
41153		Tongue, mouth, neck surgery	90	$3,484		
41155		Tongue, jaw, & neck surgery	90	$4,042		
41250		Repair tongue laceration	10	$215		
41251		Repair tongue laceration	10	$318		
41252		Repair tongue laceration	10	$392		
41500		Fixation of tongue	90	$500		
41510		Tongue to lip surgery	90	$446		
41520		Reconstruction, tongue fold	90	$410		
41599		Tongue and mouth surgery		BR		
41800		Drainage of gum lesion	10	$133		
41805		Removal foreign body, gum	10	$150		
41806		Removal foreign body,jawbone	10	$314		
41820		Excision, gum, each quadrant		BR		
41821		Excision of gum flap		BR		
41822		Excision of gum lesion	10	BR		
41823		Excision of gum lesion	90	BR		
41825		Excision of gum lesion	10	$205		
41826		Excision of gum lesion	10	$320		
41827		Excision of gum lesion	90	$526		
41828		Excision of gum lesion	10	$509		
41830		Removal of gum tissue	10	BR		
41850		Treatment of gum lesion		BR		
41870		Gum graft		BR		
41872		Repair gum.....	90	$397		
41874		Repair tooth socket...	90	$467		
41899		Dental surgery procedure		BR		
42000		Drainage mouth roof lesion	10	$132		
42100		Biopsy roof of mouth	10	$151		
42104		Excision lesion, mouth roof	10	$240		
42106		Excision lesion, mouth roof	10	$358		
42107		Excision lesion, mouth roof	90	$681		
42120		Remove palate/lesion	90	$999		
42140		Excision of uvula	90	$215		
42145		Repair,palate,pharynx/uvula	90	$1,449		
42160		Treatment mouth roof lesion	10	$244		
42180		Repair palate	10	$350		
42182		Repair palate	10	$540		
42200		Reconstruct cleft palate	90	$1,241		
42205		Reconstruct cleft palate	90	$1,456		
42210		Reconstruct cleft palate	90	$1,662		
42215		Reconstruct cleft palate	90	$1,201		
42220		Reconstruct cleft palate	90	$910		
42225		Reconstruct cleft palate	90	$1,208		
42226		Lengthening of palate	90	$1,286		
42227		Lengthening of palate	90	$1,181		
42235		Repair palate	90	$959		
42260		Repair nose to lip fistula	90	$608		
42280		Preparation, palate mold	10	$259		
42281		Insertion, palate prosthesis	10	$241		
42299		Palate/uvula surgery		BR		
42300		Drainage of salivary gland	10	$210		
42305		Drainage of salivary gland	90	$569		
42310		Drainage of salivary gland	10	$189		
42320		Drainage of salivary gland	10	$308		
42325		Create salivary cyst drain	90	$352		
42326		Create salivary cyst drain	90	$589		
42330		Removal of salivary stone	10	$239		
42335		Removal of salivary stone	90	$422		
42340		Removal of salivary stone	90	$650		
42400		Biopsy of salivary gland	0	$119		
42405		Biopsy of salivary gland	10	$353		
42408		Excision of salivary cyst	90	$569		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
42409		Drainage of salivary cyst	90	$412		
42410		Excise parotid gland/lesion	90	$1,115		
42415		Excise parotid gland/lesion	90	$2,158		
42420		Excise parotid gland/lesion	90	$2,500		
42425		Excise parotid gland/lesion	90	$1,762		
42426		Excise parotid gland/lesion	90	$3,342		
42440		Excision submaxillary gland	90	$1,103		
42450		Excision sublingual gland	90	$577		
42500		Repair salivary duct	90	$650		
42505		Repair salivary duct	90	$1,000		
42507		Parotid duct diversion	90	$799		
42508		Parotid duct diversion	90	$1,217		
42509		Parotid duct diversion	90	$1,389		
42510		Parotid duct diversion	90	$1,148		
42550		Injection for salivary x-ray	0	$122		
42600		Closure of salivary fistula	90	$633		
42650		Dilation of salivary duct	0	$85		
42660		Dilation of salivary duct	0	$120		
42665		Ligation of salivary duct	90	$334		
42699		Salivary surgery procedure		BR		
42700		Drainage of tonsil abscess	10	$179		
42720		Drainage of throat abscess	10	$334		
42725		Drainage of throat abscess	90	$891		
42800		Biopsy of throat	10	$153		
42802		Biopsy of throat	10	$187		
42804		Biopsy of upper nose/throat	10	$171		
42806		Biopsy of upper nose/throat	10	$220		
42808		Excise pharynx lesion	10	$358		
42809		Remove pharynx foreign body	10	$189		
42810		Excision of neck cyst	90	$483		
42815		Excision of neck cyst	90	$1,157		
42820		Remove tonsils and adenoids	90	$500		
42821		Remove tonsils and adenoids	90	$602		
42825		Removal of tonsils	90	$438		
42826		Removal of tonsils	90	$530		
42830		Removal of adenoids	90	$327		
42831		Removal of adenoids	90	$370		
42835		Removal of adenoids	90	$296		
42836		Removal of adenoids	90	$439		
42842		Extensive surgery of throat	90	$1,101		
42844		Extensive surgery of throat	90	$1,759		
42845		Extensive surgery of throat	90	$3,024		
42860		Excision of tonsil tags	90	$300		
42870		Excision of lingual tonsil	90	$549		
42890		Partial removal of pharynx	90	$1,536		
42892		Revision of pharyngeal walls	90	$1,850		
42894		Revision of pharyngeal walls	90	$2,730		
42900		Repair throat wound	10	$689		
42950		Reconstruction of throat	90	$1,321		
42953		Repair throat, esophagus	90	$1,096		
42955		Surgical opening of throat	90	$726		
42960		Control throat bleeding	10	$247		
42961		Control throat bleeding	90	$504		
42962		Control throat bleeding	90	$942		
42970		Control nose/throat bleeding	90	$708	$708	*
42971		Control nose/throat bleeding	90	$623		
42972		Control nose/throat bleeding	90	$838		
42999		Throat surgery procedure		BR		
43020		Incision of esophagus	90	$1,063		
43030		Throat muscle surgery	90	$1,240		
43045		Incision of esophagus.	90	$2,471		
43100		Excision of esophagus lesion.	90	$1,208		
43101		Excision of esophagus lesion.	90	$1,957		
43107		Removal of esophagus	90	$3,788		
43108		Removal of esophagus	90	$3,707	$3,707	*
43112		Removal of esophagus	90	$3,888		
43113		Removal of esophagus	90	$3,878	$3,878	*
43116		Partial removal of esophagus	90	$4,180		
43117		Partial removal of esophagus	90	$4,096		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
43118		Partial removal of esophagus	90	$3,615	$3,615	*
43121		Partial removal of esophagus	90	$3,727		
43122		Partial removal of esophagus	90	$3,727		
43123		Partial removal of esophagus	90	$3,644	$3,644	*
43124		Removal of esophagus	90	$3,616		
43130		Removal of esophagus pouch	90	$1,614		
43135		Removal of esophagus pouch	90	$2,053		
43200		Esophagus endoscopy	0	$301		
43201		Esoph scope w/submucous inj	0	$488	$237	*
43202		Esophagus endoscopy, biopsy	0	$362		
43204		Esophagus endoscopy & inject	0	$639		
43205		Esophagus endoscopy/ligation	0	$469		
43215		Esophagus endoscopy	0	$494		
43216		Esophagus endoscopy/lesion	0	$512		
43217		Esophagus endoscopy	0	$512		
43219		Esophagus endoscopy	0	$484		
43220		Esophagus endoscopy,dilation	0	$364		
43226		Esophagus endoscopy,dilation	0	$428		
43227		Esoph endoscopy, repair	0	$377	$377	*
43228		Esophagus endoscopy,ablation	0	$633		
43231		Esoph endoscopy w/us exam	0	$336	$336	*
43232		Esoph endoscopy w/us fn bx	0	$469	$469	*
43234		Upper gi endoscopy, exam	0	$360		
43235		Upper gi endoscopy,diagnosis	0	$427		
43236		Uppr gi scope w/submuc inj	0	$676	$309	*
43237		Endoscopic us exam, esoph	0	$426	$426	*
43238		Uppr gi endoscopy w/us fn bx	0	$526	$526	*
43239		Upper gi endoscopy, biopsy	0	$486		
43240		Esoph endoscope w/drain cyst	0	$710	$710	*
43241		Upper GI endoscopy with tube	0	$276	$276	*
43242		Uppr gi endoscopy w/us fn bx	0	$749	$749	*
43243		Upper gi endoscopy & inject	0	$749		
43244		Upper gi endoscopy/ligation	0	$569		
43245		Uppr gi scope dilate strictr	0	$336	$336	*
43246		Place gastrostomy tube	0	$738		
43247		Operative upper gi endoscopy	0	$582		
43248		Upper gi endoscopy/guidewire	0	$392		
43249		Esophagus endoscopy, dilation	0	$485		
43250		Upper gi endoscopy/tumor	0	$634		
43251		Operative upper gi endoscopy	0	$634		
43255		Operative upper gi endoscopy	0	$737		
43256		Uppr gi endoscopy w/stent	0	$453	$453	*
43257		Uppr gi scope w/thrml txmnt	0	$571	$571	*
43258		Operative upper gi endoscopy	0	$732		
43259		Endoscopic ultrasound exam	0	$535	$535	*
43260		Endo cholangiopancreatograph	0	$615	$615	*
43261		Endoscopy,bile duct/pancreas	0	$895		
43262		Endoscopy,bile duct/pancreas	0	$1,202		
43263		Endoscopy,bile duct/pancreas	0	$878		
43264		Endo cholangiopancreatograph	0	$911	$911	*
43265		Endo cholangiopancreatograph	0	$1,022	$1,022	*
43267		Endoscopy,bile duct/pancreas	0	$1,082		
43268		Endoscopy,bile duct/pancreas	0	$1,181		
43269		Endoscopy,bile duct/pancreas	0	$985		
43271		Endoscopy,bile duct/pancreas	0	$1,099		
43272		Endoscopy,bile duct/pancreas	0	$949		
43280		Laparoscopy, fundoplasty.	90	BR		
43289		Laparoscope proc, esoph.		BR		
43300		Repair of esophagus	90	$1,533		
43305		Repair esophagus and fistula	90	$2,239		
43310		Repair of esophagus	90	$3,145		
43312		Repair esophagus and fistula	90	$3,064		
43313		Esophagoplasty congenital	90	$4,921	$4,921	*
43314		Tracheo-esophagoplasty cong	90	$5,384	$5,384	*
43320		Fuse esophagus & stomach.	90	$2,087		
43324		Revise esophagus & stomach	90	$2,095		
43325		Revise esophagus & stomach	90	$2,020		
43326		Revise esophagus & stomach	90	$1,673		
43330		Repair of esophagus...	90	$2,075		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
43331		Repair of esophagus	90	$2,244		
43340		Fuse esophagus & intestine	90	$2,062		
43341		Fuse esophagus & intestine	90	$1,892		
43350		Surgical opening, esophagus	90	$1,436		
43351		Surgical opening, esophagus	90	$1,680		
43352		Surgical opening, esophagus	90	$1,505		
43360		Gastrointestinal repair	90	$3,613		
43361		Gastrointestinal repair	90	$4,377	$4,377	*
43400		Ligate esophagus veins	90	$1,982		
43401		Esophagus surgery for veins	90	$1,967		
43405		Ligate/staple esophagus	90	$2,227		
43410		Repair esophagus wound	90	$1,420		
43415		Repair esophagus wound	90	$2,251		
43420		Repair esophagus opening	90	$1,193		
43425		Repair esophagus opening.	90	$2,029		
43450		Dilate esophagus	0	$150		
43453		Dilate esophagus	0	$222		
43456		Dilate esophagus	0	$441		
43458		Dilation of esophagus	0	$269		
43460		Pressure treatment esophagus	0	$398		
43496		Free jejunum flap, microvasc.	90	BR		
43499		Esophagus surgery procedure		BR		
43500		Surgical opening of stomach	90	$1,057		
43501		Surgical repair of stomach.	90	$1,794		
43502		Surgical repair of stomach	90	$1,836		
43510		Surgical opening of stomach.	90	$1,327		
43520		Incision of pyloric muscle	90	$875		
43600		Biopsy of stomach	0	$175		
43605		Biopsy of stomach	90	$1,092		
43610		Excision of stomach lesion	90	$1,415		
43611		Excision of stomach lesion	90	$1,580		
43620		Removal of stomach	90	$2,803		
43621		Removal of stomach	90	$2,835		
43622		Removal of stomach	90	$2,930		
43631		Removal of stomach, partial	90	$2,349		
43632		Removal stomach, partial	90	$2,349		
43633		Removal stomach, partial	90	$2,380		
43634		Removal stomach, partial	90	$3,206		
43635		Partial removal of stomach		$241		
43638		Partial removal of stomach	90	$2,522		
43639		Removal stomach, partial	90	$2,557		
43640		Vagotomy & pylorus repair	90	$1,827		
43641		Vagotomy & pylorus repair	90	$1,826		
43644		Lap gastric bypass/roux-en-y	90	$2,989	$2,989	*
43645		Lap gastr bypass incl smll i	90	$3,224	$3,224	*
43651		Laparoscopy, vagus nerve.	90	BR		
43652		Laparoscopy, vagus nerve.	90	BR		
43653		Laparoscopy, gastrostomy.	90	BR		
43659		Laparoscope proc, stom		BR		
43750		Place gastrostomy tube	10	$752		
43752		Nasal/orogastric w/stent	0	$79	$77	*
43760		Change gastrostomy tube	0	$133		
43761		Reposition gastrostomy tube.	0	$226		
43800		Reconstruction of pylorus	90	$1,256		
43810		Fusion of stomach and bowel	90	$1,363		
43820		Fusion of stomach and bowel.	90	$1,499		
43825		Fusion of stomach and bowel	90	$1,888		
43830		Place gastrostomy tube	90	$1,003		
43831		Place gastrostomy tube	90	$888		
43832		Place gastrostomy tube	90	$1,474		
43840		Repair of stomach lesion	90	$1,413		
43842		Gastroplasty for obesity.	90	$2,126		
43843		Gastroplasty for obesity.	90	$2,131		
43845		Gastroplasty duodenal switch	90	BR	BR	*
43846		Gastric bypass for obesity	90	$2,634	$2,634	*
43847		Gastric bypass incl small i	90	$2,926	$2,926	*
43848		Revision gastroplasty	90	$2,814		
43850		Revise stomach-bowel fusion	90	$2,267		
43855		Revise stomach-bowel fusion	90	$2,257		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
43860		Revise stomach-bowel fusion	90	$2,706	$2,706	*
43865		Revise stomach-bowel fusion	90	$2,514		
43870		Repair stomach opening	90	$953		
43880		Repair stomach-bowel fistula	90	$1,993		
43999		Stomach surgery procedure		BR		
44005		Freeing of bowel adhesion	90	$1,596		
44010		Incision of small bowel	90	$1,244		
44015		Insert needle cath bowel.		$390		
44020		Explore small intestine	90	$1,538	$1,538	*
44021		Decompress small bowel	90	$1,368		
44025		Incision of large bowel	90	$1,446		
44050		Reduce bowel obstruction	90	$1,378		
44055		Correct malrotation of bowel	90	$1,500		
44100		Biopsy of bowel	0	$250		
44110		Excise intestine lesion(s)	90	$1,313	$1,313	*
44111		Excision of bowel lesion(s)	90	$1,618		
44120		Removal of small intestine.	90	$1,792.81		
44121		Removal of small intestine.		$508		
44125		Removal of small intestine.	90	$1,916		
44126		Enterectomy w/o taper, cong	90	$3,844	$3,844	*
44127		Enterectomy w/taper, cong	90	$4,420	$4,420	*
44128		Enterectomy cong, add-on	ZZZ	$466	$466	*
44130		Bowel to bowel fusion.	90	$1,575		
44132		Enterectomy, cadaver donor		BR	BR	*
44133		Enterectomy, live donor		BR	BR	*
44135		Intestine transplnt, cadaver		BR	BR	*
44136		Intestine transplant, live		BR	BR	*
44137		Remove intestinal allograft		BR	BR	*
44139		Mobilization of colon		$257		
44140		Partial removal of colon	90	$2,189		
44141		Partial removal of colon	90	$2,261		
44143		Partial removal of colon	90	$2,128		
44144		Partial removal of colon	90	$2,107		
44145		Partial removal of colon	90	$2,707		
44146		Partial removal of colon	90	$2,921		
44147		Partial removal of colon	90	$2,534		
44150		Removal of colon	90	$2,623		
44151		Removal of colon/ileostomy	90	$2,150		
44152		Removal of colon/ileostomy	90	$2,958		
44153		Removal of colon/ileostomy	90	$3,374		
44155		Removal of colon	90	$2,991		
44156		Removal of colon/ileostomy	90	$2,436		
44160		Removal of colon	90	$2,032	$2,032	*
44200		Laparoscopy, enterolysis.	90	BR		
44201		Laparoscopy, jejunostomy.		BR		
44202		Lap resect s/intestine singl	90	$2,392	$2,392	*
44203		Lap resect s/intestine, addl	ZZZ	$461	$461	*
44204		Laparo partial colectomy	90	$2,698	$2,698	*
44205		Lap colectomy part w/ileum	90	$2,393	$2,393	*
44206		Lap part colectomy w/stoma	90	$2,950	$2,950	*
44207		L colectomy/coloproctostomy	90	$3,195	$3,195	*
44208		L colectomy/coloproctostomy	90	$3,468	$3,468	*
44210		Laparo total proctocolectomy	90	$3,064	$3,064	*
44211		Laparo total proctocolectomy	90	$3,811	$3,811	*
44212		Laparo total proctocolectomy	90	$3,530	$3,530	*
44238		Laparoscope proc, intestine	BR	BR	BR	*
44239		Laparoscope proc, rectum	BR	BR	BR	*
44300		Open bowel to skin	90	$1,069		
44310		Ileostomy/jejunostomy	90	$1,389		
44312		Revision of ileostomy	90	$628		
44314		Revision of ileostomy	90	$1,250		
44316		Devise bowel pouch	90	$1,746		
44320		Colostomy	90	$1,446		
44322		Colostomy with biopsies	90	$1,564	$1,564	*
44340		Revision of colostomy	90	$492		
44345		Revision of colostomy	90	$1,127		
44346		Revision of colostomy	90	$1,356		
44360		Small bowel endoscopy	0	$494		
44361		Small bowel endoscopy,	0	$567		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
		biopsy				
44363		Small bowel endoscopy	0	$516		
44364		Small bowel endoscopy	0	$679		
44365		Small bowel endoscopy	0	$671		
44366		Small bowel endoscopy	0	$457	$457	*
44369		Small bowel endoscopy	0	$866		
44370		Small bowel endoscopy/stent	0	$505	$505	*
44372		Small bowel endoscopy	0	$812		
44373		Small bowel endoscopy	0	$682		
44376		Small bowel endoscopy	0	$668		
44377		Small bowel endoscopy	0	$707		
44378		Small bowel endoscopy	0	$733	$733	*
44379		S bowel endoscope w/stent	0	$779	$779	*
44380		Small bowel endoscopy	0	$278		
44382		Small bowel endoscopy	0	$355		
44383		Ileoscopy w/stent	0	$314	$314	*
44385		Endoscopy of bowel pouch	0	$348		
44386		Endoscopy, bowel pouch, biops	0	$270		
44388		Colon endoscopy	0	$491		
44389		Colonoscopy with biopsy	0	$537		
44390		Colonoscopy for foreign body	0	$477		
44391		Colonoscopy for bleeding	0	$948	$449	*
44392		Colonoscopy & polypectomy	0	$707		
44393		Colonoscopy, lesion removal	0	$775		
44394		Colonoscopy w/snare	0	$707		
44397		Colonoscopy w/stent	0	$488	$488	*
44500		Intro, gastrointestinal tube	0	$46		
44602		Suture, small intestine	90	$1,345		
44603		Suture, small intestine	90	$1,698		
44604		Suture, large intestine	90	$1,592		
44605		Repair of bowel lesion	90	$1,790		
44615		Intestinal stricturoplasty	90	$1,323		
44620		Repair bowel opening	90	$1,195		
44625		Repair bowel opening..	90	$1,716		
44626		Repair bowel opening..	90	$2,541		
44640		Repair bowel-skin fistula	90	$1,503		
44650		Repair bowel fistula	90	$1,596		
44660		Repair bowel-bladder fistula	90	$1,606		
44661		Repair bowel-bladder fistula	90	$2,631	$2,631	*
44680		Surgical revision, intestine	90	$1,718		
44700		Suspend bowel w/prosthesis	90	$1,740	$1,740	*
44701		Intraop colon lavage add-on	ZZZ	$321	$321	*
44715		Prepare donor intestine		BR	BR	*
44720		Prep donor intestine/venous		$502	$502	*
44721		Prep donor intestine/artery		$734	$734	*
44799		Intestine surgery procedure		BR		
44800		Excision of bowel pouch	90	$1,164		
44820		Excision of mesentery lesion	90	$1,155		
44850		Repair of mesentery	90	$1,092		
44899		Bowel surgery procedure		BR		
44900		Drain app abscess, open.	90	$1,004		
44901		Drain app abscess, percut.	0	$457		
44950		Appendectomy	90	$847		
44955		Appendectomy add-on...		$248		
44960		Appendectomy	90	$1,197		
44970		Laparoscopy, appendectomy.	90	BR		
44979		Laparoscope proc, app.		BR		
45000		Drainage of pelvic abscess	90	$433		
45005		Drainage of rectal abscess	10	$245		
45020		Drainage of rectal abscess	90	$533		
45100		Biopsy of rectum	90	$397		
45108		Removal of anorectal lesion	90	$530		
45110		Removal of rectum.....	90	$2,993		
45111		Partial removal of rectum.	90	$2,121		
45112		Removal of rectum.....	90	$3,139		
45113		Partial proctectomy	90	$3,088		
45114		Partial removal of rectum.	90	$2,886		
45116		Partial removal of rectum	90	$2,280		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
45119		Remove rectum w/ reservoir.	90	$3,158		
45120		Removal of rectum.....	90	$3,066		
45121		Removal of rectum and colon.	90	$2,852		
45123		Partial proctectomy	90	$1,927		
45126		Pelvic exenteration...	90	$4,017		
45130		Excision of rectal prolapse	90	$1,680		
45135		Excision of rectal prolapse	90	$2,464		
45136		Excise ileoanal reservior	90	$3,011	$3,011	*
45150		Excision of rectal stricture	90	$657		
45160		Excision of rectal lesion.	90	$1,541		
45170		Excision of rectal lesion	90	$734		
45190		Destruction, rectal tumor	90	$1,095	$1,095	*
45300		Proctosigmoidoscopy	0	$94		
45303		Proctosigmoidoscopy dilate	0	$1,359	$58	*
45305		Proctosigmoidoscopy; biopsy	0	$141		
45307		Proctosigmoidoscopy	0	$224		
45308		Proctosigmoidoscopy	0	$229		
45309		Proctosigmoidoscopy	0	$229		
45315		Proctosigmoidoscopy	0	$239		
45317		Proctosigmoidoscopy bleed	0	$289	$164	*
45320		Proctosigmoidoscopy	0	$360		
45321		Proctosigmoidoscopy	0	$273		
45327		Proctosigmoidoscopy w/stent	0	$177	$177	*
45330		Sigmoidoscopy, diagnostic	0	$164		
45331		Sigmoidoscopy and biopsy	0	$215		
45332		Sigmoidoscopy	0	$275		
45333		Sigmoidoscopy & polypectomy	0	$330		
45334		Sigmoidoscopy for bleeding	0	$289	$289	*
45335		Sigmoidoscopy w/submuc inj	0	$339	$160	*
45337		Sigmoidoscopy, decompression	0	$417		
45338		Sigmoidoscopy	0	$330		
45339		Sigmoidoscopy	0	$474		
45340		Sig w/balloon dilation	0	$582	$203	*
45341		Sigmoidoscopy w/ultrasound	0	$274	$274	*
45342		Sigmoidoscopy w/us guide bx	0	$418	$418	*
45345		Sigmoidoscopy w/stent	0	$306	$306	*
45355		Surgical colonoscopy	0	$339		
45378		Diagnostic colonoscopy	0	$582		
45379		Colonoscopy	0	$744		
45380		Colonoscopy and biopsy	0	$651		
45381		Colonoscopy, submucous inj	0	$824	$437	*
45382		Colonoscopy/control bleeding	0	$1,138	$588	*
45383		Colonoscopy, lesion removal	0	$871		
45384		Colonoscopy	0	$880		
45385		Colonoscopy, lesion removal	0	$880		
45386		Colonoscopy dilate stricture	0	$1,231	$478	*
45387		Colonoscopy w/stent	0	$617	$617	*
45391		Colonoscopy w/endoscope us	0	$530	$530	*
45392		Colonoscopy w/endoscopic fnb	0	$669	$669	*
45500		Repair of rectum	90	$973		
45505		Repair of rectum	90	$924		
45520		Treatment of rectal prolapse	0	$90		
45540		Correct rectal prolapse	90	$1,697		
45541		Correct rectal prolapse	90	$1,557		
45550		Repair rectum;remove sigmoid	90	$1,930		
45560		Repair of rectocele	90	$938		
45562		Exploration/repair of rectum	90	$1,456		
45563		Exploration/repair of rectum	90	$2,297		
45800		Repair rectumbladder fistula	90	$1,701		
45805		Repair fistula; colostomy	90	$2,110		
45820		Repair rectourethral fistula	90	$1,665		
45825		Repair fistula; colostomy	90	$1,910		
45900		Reduction of rectal prolapse	10	$168		
45905		Dilation of anal sphincter	10	$166		
45910		Dilation of rectal narrowing	10	$203		
45915		Remove rectal obstruction	10	$210		
45999		Rectum surgery procedure		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
46020		Placement of seton	10	$393	$359	*
46030		Removal of rectal marker	10	$118		
46040		Incision of rectal abscess	90	$490		
46045		Incision of rectal abscess	90	$434		
46050		Incision of anal abscess	10	$131		
46060		Incision of rectal abscess	90	$815		
46070		Incision of anal septum	90	$307		
46080		Incision of anal sphincter	10	$348		
46083		Incise external hemorrhoid	10	$146		
46200		Removal of anal fissure	90	$494		
46210		Removal of anal crypt	90	$243		
46211		Removal of anal crypts	90	$450		
46220		Removal of anal tab	10	$161		
46221		Ligation of hemorrhoid(s)	10	$155		
46230		Removal of anal tabs	10	$246		
46250		Hemorrhoidectomy	90	$542		
46255		Hemorrhoidectomy	90	$745		
46257		Remove hemorrhoids & fissure	90	$863		
46258		Remove hemorrhoids & fistula	90	$945		
46260		Hemorrhoidectomy	90	$992		
46261		Remove hemorrhoids & fissure	90	$1,026		
46262		Remove hemorrhoids & fistula	90	$1,054		
46270		Removal of anal fistula	90	$407		
46275		Removal of anal fistula	90	$777		
46280		Removal of anal fistula	90	$917		
46281		Closure of anal fistula		$796		
46285		Removal of anal fistula	90	$467		
46288		Repair of anal fistula	90	$786		
46320		Removal of hemorrhoid clot	10	$170		
46500		Injection into hemorrhoids	10	$136		
46600		Diagnostic anoscopy	0	$58		
46604		Anoscopy and dilation	0	$748	$145	*
46606		Anoscopy and biopsy	0	$87		
46608		Anoscopy;remove foreign body	0	$192		
46610		Anoscopy; remove lesion	0	$178		
46611		Anoscopy	0	$178		
46612		Anoscopy; remove lesions	0	$227		
46614		Anoscopy, control bleeding	0	$321	$216	*
46615		Anoscopy	0	$318		
46700		Repair of anal stricture	90	$976		
46705		Repair of anal stricture	90	$761		
46706		Repr of anal fistula w/glue	10	$277	$277	*
46715		Repair of anovaginal fistula	90	$783		
46716		Repair of anovaginal fistula	90	$1,348		
46730		Construction of absent anus	90	$2,392		
46735		Construction of absent anus	90	$2,901		
46740		Construction of absent anus	90	$2,571		
46742		Repair, imperforated anus	90	$3,504		
46744		Repair, cloacal anomaly	90	$3,934		
46746		Repair, cloacal anomaly	90	$4,304		
46748		Repair, cloacal anomaly	90	$4,795		
46750		Repair of anal sphincter	90	$1,032		
46751		Repair of anal sphincter	90	$907		
46753		Reconstruction of anus	90	$846		
46754		Removal of suture from anus	10	$234		
46760		Repair of anal sphincter	90	$1,333		
46761		Repair of anal sphincter	90	$1,299		
46762		Implant artificial sphincter	90	$1,146		
46900		Destruction, anal lesion(s)	10	$160		
46910		Destruction, anal lesion(s)	10	$180		
46916		Cryosurgery, anal lesion(s)	10	$180		
46917		Laser surgery,anal lesion(s)	10	$287		
46922		Excision of anal lesion(s)	10	$235		
46924		Destruction, anal lesion(s)	10	$829	$310	*
46934		Destruction of hemorrhoids	90	$368		
46935		Destruction of hemorrhoids	10	$301		
46936		Destruction of hemorrhoids	90	$475		
46937		Cryotherapy of rectal lesion	10	$387		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
46938		Cryotherapy of rectal lesion	90	$528		
46940		Treatment of anal fissure	10	$321	$257	*
46942		Treatment of anal fissure	10	$181		
46945		Ligation of hemorrhoids	90	$270		
46946		Ligation of hemorrhoids	90	$364		
46947		Hemorrhoidopexy by stapling	90	$614	$614	*
46999		Anus surgery procedure		BR		
47000		Needle biopsy of liver	0	$342		
47001		Needle biopsy, liver add-on.		$234		
47010		Open drainage, liver lesion.	90	$1,302		
47011		Percut drain, liver lesion.	0	$538		
47015		Inject/aspirate liver cyst	90	$1,166		
47100		Wedge biopsy of liver.	90	$833		
47120		Partial removal of liver	90	$2,440		
47122		Extensive removal of liver	90	$3,802		
47125		Partial removal of liver	90	$3,519		
47130		Partial removal of liver	90	$3,867		
47133		Removal of donor liver		BR	BR	*
47135		Transplantation of liver.	90	$10,022		
47136		Transplantation of liver	90	$7,373		
47140		Partial removal, donor liver	90	$5,836	$5,836	*
47141		Partial removal, donor liver	90	$7,049	$7,049	*
47142		Partial removal, donor liver	90	$7,761	$7,761	*
47143		Prep donor liver, whole		BR	BR	*
47144		Prep donor liver, 3-segment	90	BR	BR	*
47145		Prep donor liver, lobe split	90	BR	BR	*
47146		Prep donor liver/venous		$630	$630	*
47147		Prep donor liver/arterial		$734	$734	*
47300		Surgery for liver lesion	90	$1,276		
47350		Repair liver wound....	90	$1,509		
47360		Repair liver wound....	90	$2,128		
47361		Repair liver wound....	90	$3,402		
47362		Repair liver wound....	90	$1,333		
47370		Laparo ablate liver tumor rf	90	$2,144	$2,144	*
47371		Laparo ablate liver cryosurg	90	$2,154	$2,154	*
47379		Laparoscope procedure, liver	BR	BR	BR	*
47380		Open ablate liver tumor rf	90	$2,488	$2,488	*
47381		Open ablate liver tumor cryo	90	$2,526	$2,526	*
47382		Percut ablate liver rf	10	$1,574	$1,574	*
47399		Liver surgery procedure		BR		
47400		Incision of liver duct	90	$2,038		
47420		Incision of bile duct.	90	$1,975		
47425		Incision of bile duct	90	$2,049		
47460		Incise bile duct sphincter.	90	$2,187		
47480		Incision of gallbladder	90	$1,221		
47490		Incision of gallbladder	90	$707		
47500		Injection for liver x-rays	0	$256		
47505		Injection for liver x-rays	0	$158		
47510		Insert catheter, bile duct	90	$744		
47511		Insert bile duct drain	90	$922		
47525		Change bile duct catheter	10	$507		
47530		Revise/reinsert bile tube.	90	$589		
47550		Bile duct endoscopy add-on.		$341		
47552		Biliary endoscopy, thru skin	0	$539		
47553		Biliary endoscopy, thru skin	0	$763		
47554		Biliary endoscopy thru skin	0	$946	$946	*
47555		Biliary endoscopy, thru skin	0	$742		
47556		Biliary endoscopy, thru skin	0	$814		
47560		Laparoscopy w/ cholangio.	90	BR		
47561		Laparo w/cholangio/ biopsy.	0	BR		
47562		Laparoscopic cholecystectomy.	90	BR		
47563		Laparo cholecystectomy graph.	90	BR		
47564		Laparo cholecystectomy explr.	90	BR		
47570		Laparo cholecystoenterostomy	90	BR		
47579		Laparoscope proc, biliary.		BR		
47600		Removal of gallbladder	90	$1,401		
47605		Removal of gallbladder	90	$1,517		
47610		Removal of gallbladder	90	$1,785		
47612		Removal of gallbladder	90	$2,267		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
47620		Removal of gallbladder	90	$2,080		
47630		Remove bile duct stone	90	$882		
47700		Exploration of bile ducts	90	$1,625		
47701		Bile duct revision	90	$2,597		
47711		Excision of bile duct tumor	90	$2,288		
47712		Excision of bile duct tumor	90	$2,678		
47715		Excision of bile duct cyst	90	$1,729		
47716		Fusion of bile duct cyst	90	$1,460		
47720		Fuse gallbladder & bowel	90	$1,627		
47721		Fuse upper gi structures	90	$2,004		
47740		Fuse gallbladder & bowel	90	$1,860		
47741		Fuse gallbladder & bowel	90	$2,352		
47760		Fuse bile ducts and bowel.	90	$2,515		
47765		Fuse liver ducts & bowel.	90	$2,668		
47780		Fuse bile ducts and bowel	90	$2,563		
47785		Fuse bile ducts and bowel	90	$2,815		
47800		Reconstruction of bile ducts	90	$2,362		
47801		Placement, bile duct support	90	$1,244		
47802		Fuse liver duct & intestine	90	$1,984		
47900		Suture bile duct injury	90	$2,190		
47999		Bile tract surgery procedure		BR		
48000		Drainage of abdomen	90	$1,526		
48001		Placement of drain, pancreas	90	$1,809		
48005		Resect/debride pancreas	90	$2,046		
48020		Removal of pancreatic stone	90	$1,510		
48100		Biopsy of pancreas, open	90	$1,372	$1,372	*
48102		Needle biopsy, pancreas	10	$502		
48120		Removal of pancreas lesion	90	$1,740		
48140		Partial removal of pancreas	90	$2,434		
48145		Partial removal of pancreas	90	$2,687		
48146		Pancreatectomy	90	$2,841		
48148		Removal of pancreatic duct	90	$1,722		
48150		Partial removal of pancreas	90	$4,350		
48152		Pancreatectomy	90	$4,125		
48153		Pancreatectomy	90	$4,350		
48154		Pancreatectomy	90	$4,125		
48155		Removal of pancreas	90	$3,122		
48160		Pancreas removal/transplant		BR	BR	*
48180		Fuse pancreas and bowel	90	$2,556		
48400		Injection, intraop add on.		$221		
48500		Surgery of pancreatic cyst	90	$1,742	$1,742	*
48510		Drain pancreatic pseudocyst.	90	$1,547		
48511		Drain pancreatic pseudocyst.	0	$551		
48520		Fuse pancreas cyst and bowel	90	$1,890		
48540		Fuse pancreas cyst and bowel	90	$2,201		
48545		Pancreatorrhaphy	90	$2,016	$2,016	*
48547		Duodenal exclusion	90	$2,807	$2,807	*
48550		Donor pancreatectomy		BR	BR	*
48551		Prep donor pancreas		BR	BR	*
48552		Prep donor pancreas/venous		$430	$430	*
48554		Transplantallograft pancreas	90	BR		
48556		Removal, allograft pancreas	90	BR		
48999		Pancreas surgery procedure		BR		
49000		Exploration of abdomen	90	$1,217		
49002		Reopening of abdomen	90	$1,179		
49010		Exploration behind abdomen	90	$1,377		
49020		Drain abdominal abscess.	90	$1,666		
49021		Drain abdominal abscess.	0	$596		
49040		Drain, open, abdom abscess.	90	$1,266		
49041		Drain, percut, abdom abscess.	0	$565		
49060		Drain, open, retrop abscess.	90	$1,324		
49061		Drain, percut, retroper absc.	0	$531		
49062		Drain to peritoneal cavity.	90	$1,414		
49080		Puncture, peritoneal cavity	0	$163		
49081		Removal of abdominal fluid	0	$147		
49085		Remove abdomen foreign body	90	$853		
49180		Biopsy, abdominal mass	0	$249		
49200		Removal of abdominal lesion	90	$1,166	$1,166	*
49201		Removal of abdominal lesion	90	$1,996		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
49215		Excise sacral spine tumor	90	$2,204		
49220		Multiple surgery, abdomen	90	$1,656	$1,656	*
49250		Excision of umbilicus	90	$913		
49255		Removal of omentum	90	$733		
49320		Diag laparo separate proc	10	$592	$592	*
49321		Laparoscopy, biopsy	10	$618	$618	*
49322		Laparoscopy, aspiration.	10	BR		
49323		Laparo drain lymphocele.	90	BR		
49329		Laparo proc, abdm/per/ oment.		BR		
49400		Air injection into abdomen	0	$224		
49419		Insrt abdom cath for chemotx	90	$780	$780	*
49420		Insert abdominal drain	0	$283		
49421		Insert abdominal drain	90	$697		
49422		Remove perm cannula/catheter	10	$756		
49423		Exchange drainage catheter.	0	$184.93		
49424		Assess cyst, contrast inject	0	$320	$78	*
49425		Insert abdomen-venous drain.	90	$1,486		
49426		Revise abdomen-venous shunt	90	$1,064		
49427		Injection, abdominal shunt	0	$101		
49428		Ligation of shunt	10	$228		
49429		Removal of shunt	10	$731		
49491		Rpr hern preemie reduc	90	$1,245	$1,245	*
49492		Rpr ing hern premie, blocked	90	$1,552	$1,552	*
49495		Rpr ing hernia baby, reduc	90	$678	$678	*
49496		Repair inguinal hernia, init	90	$1,026		
49500		Repair inguinal hernia	90	$733		
49501		Repair inguinal hernia, init	90	$948		
49505		Repair inguinal hernia	90	$823		
49507		Repair, inguinal hernia	90	$957		
49520		Rerepair inguinal hernia	90	$1,006		
49521		Repair inguinal hernia, rec	90	$1,101		
49525		Repair inguinal hernia	90	$969		
49540		Repair lumbar hernia	90	$1,008		
49550		Repair femoral hernia.	90	$898		
49553		Repair femoral hernia, init	90	$919		
49555		Repair femoral hernia	90	$1,035		
49557		Repair femoral hernia, recur	90	$1,137		
49560		Repair abdominal hernia.	90	$1,170		
49561		Repair incisional hernia	90	$1,290		
49565		Rerepair abdominal hernia.	90	$1,228		
49566		Repair incisional hernia	90	$1,356		
49568		Hernia repair w/mesh..		$557		
49570		Repair epigastric hernia	90	$691		
49572		Repair, epigastric hernia	90	$859		
49580		Repair umbilical hernia	90	$598		
49582		Repair umbilical hernia	90	$756		
49585		Repair umbilical hernia	90	$727		
49587		Repair umbilical hernia	90	$797		
49590		Repair abdominal hernia	90	$948		
49600		Repair umbilical lesion	90	$1,099		
49605		Repair umbilical lesion	90	$2,284		
49606		Repair umbilical lesion	90	$1,925		
49610		Repair umbilical lesion	90	$1,174		
49611		Repair umbilical lesion	90	$1,263		
49650		Laparo hernia repair initial.	90	BR		
49651		Laparo hernia repair recur.	90	BR		
49659		Laparo proc, hernia repair.		BR		
49900		Repair of abdominal wall	90	$634		
49904		Omental flap, extra-abdom	90	$2,680	$2,680	*
49905		Omental flap, intra-abdom	ZZZ	$681	$681	*
49906		Free omental flap, microvasc.	90	BR		
49999		Abdomen surgery procedure		BR		
50010		Exploration of kidney	90	$1,469		
50020		Renal abscess, open drain.	90	$1,638		
50021		Renal abscess, percut drain.	0	$522		
50040		Drainage of kidney	90	$1,529		
50045		Exploration of kidney	90	$1,783		
50060		Removal of kidney stone	90	$2,227		
50065		Incision of kidney	90	$2,471		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
50070		Incision of kidney	90	$2,362		
50075		Removal of kidney stone	90	$3,012		
50080		Removal of kidney stone	90	$1,935		
50081		Removal of kidney stone	90	$2,618		
50100		Revise kidney blood vessels	90	$1,897		
50120		Exploration of kidney	90	$1,922		
50125		Explore and drain kidney	90	$1,955		
50130		Removal of kidney stone	90	$2,136		
50135		Exploration of kidney	90	$2,607		
50200		Biopsy of kidney	0	$387		
50205		Biopsy of kidney	90	$1,347		
50220		Remove kidney, open	90	$1,824	$1,824	*
50225		Removal of kidney	90	$2,630		
50230		Removal of kidney	90	$2,888		
50234		Removal of kidney & ureter	90	$2,790		
50236		Removal of kidney & ureter	90	$3,031		
50240		Partial removal of kidney	90	$2,686		
50280		Removal of kidney lesion	90	$1,886		
50290		Removal of kidney lesion	90	$1,681		
50300		Remove cadaver donor kidney		BR	BR	*
50320		Remove kidney, living donor	90	$2,495	$2,495	*
50323		Prep cadaver renal allograft		BR	BR	*
50325		Prep donor renal graft		BR	BR	*
50327		Prep renal graft/venous		$400	$400	*
50328		Prep renal graft/arterial		$350	$350	*
50329		Prep renal graft/ureteral		$335	$335	*
50340		Removal of kidney	90	$1,802		
50360		Transplantation of kidney	90	$3,596	$3,596	*
50365		Transplantation of kidney	90	$4,752		
50370		Remove transplanted kidney.	90	$1,840		
50380		Reimplantation of kidney	90	$2,005		
50390		Drainage of kidney lesion	0	$360		
50391		Instll rx agnt into rnal tub	0	$261	$194	*
50392		Insert kidney drain	0	$577		
50393		Insert ureteral tube	0	$719		
50394		Injection for kidney x-ray	0	$97		
50395		Create passage to kidney	0	$621		
50396		Measure kidney pressure	0	$187		
50398		Change kidney tube	0	$145		
50400		Revision of kidney/ureter	90	$2,343		
50405		Revision of kidney/ureter	90	$2,936		
50500		Repair of kidney wound	90	$2,292		
50520		Close kidney-skin fistula	90	$1,967		
50525		Repair renal-abdomen fistula	90	$2,491		
50526		Repair renal-abdomen fistula	90	$2,256		
50540		Revision of horseshoe kidney	90	$2,414		
50541		Laparo ablate renal cyst.	90	BR		
50542		Laparo ablate renal mass	90	$2,091	$2,091	*
50543		Laparo partial nephrectomy	90	$2,658	$2,658	*
50544		Laparoscopy, pyeloplasty.	90	BR		
50545		Laparo radical nephrectomy	90	$2,473	$2,473	*
50546		Laparoscopic nephrectomy	90	$2,153	$2,153	*
50547		Laparo removal donor kidney	90	$2,786	$2,786	*
50548		Laparo remove w/ureter	90	$2,500	$2,500	*
50549		Laparoscope proc, renal.		BR		
50551		Kidney endoscopy	0	$566		
50553		Kidney endoscopy	0	$554		
50555		Kidney endoscopy & biopsy	0	$827		
50557		Kidney endoscopy & treatment	0	$837		
50561		Kidney endoscopy & treatment	0	$935		
50562		Renal scope w/tumor resect	90	$1,132	$1,132	*
50570		Kidney endoscopy	0	$789		
50572		Kidney endoscopy	0	$1,300		
50574		Kidney endoscopy & biopsy	0	$1,327		
50575		Kidney endoscopy	0	$1,762		
50576		Kidney endoscopy & treatment	0	$1,448		
50580		Kidney endoscopy & treatment	0	$1,118		
50590		Fragmenting of kidney stone	90	$1,466		
50600		Exploration of ureter	90	$1,804		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
50605		Insert ureteral support	90	$1,495		
50610		Removal of ureter stone	90	$1,968		
50620		Removal of ureter stone	90	$1,899		
50630		Removal of ureter stone	90	$1,976		
50650		Removal of ureter	90	$2,098		
50660		Removal of ureter	90	$2,299		
50684		Injection for ureter x-ray	0	$93		
50686		Measure ureter pressure	0	$136		
50688		Change of ureter tube	10	$111		
50690		Injection for ureter x-ray	0	$107		
50700		Revision of ureter	90	$1,979		
50715		Release of ureter	90	$2,148		
50722		Release of ureter	90	$1,939		
50725		Release/revise ureter	90	$2,189		
50727		Revise ureter	90	$952		
50728		Revise ureter	90	$1,402		
50740		Fusion of ureter & kidney	90	$2,267		
50750		Fusion of ureter & kidney	90	$2,367		
50760		Fusion of ureters	90	$2,271		
50770		Splicing of ureters	90	$2,471		
50780		Reimplant ureter in bladder	90	$2,291		
50782		Reimplant ureter in bladder	90	$2,369		
50783		Reimplant ureter in bladder	90	$2,436		
50785		Reimplant ureter in bladder	90	$2,574		
50800		Implant ureter in bowel	90	$2,073		
50810		Fusion of ureter & bowel	90	$2,226	$2,226	*
50815		Urine shunt to intestine	90	$2,122	$2,122	*
50820		Construct bowel bladder	90	$2,295	$2,295	*
50825		Construct bowel bladder	90	$2,931	$2,931	*
50830		Revise urine flow	90	$3,716		
50840		Replace ureter by bowel	90	$2,120	$2,120	*
50845		Appendico-vesicostomy	90	$2,460		
50860		Transplant ureter to skin	90	$1,846		
50900		Repair of ureter	90	$1,678		
50920		Closure ureter/skin fistula	90	$1,680		
50930		Closure ureter/bowel fistula	90	$2,218		
50940		Release of ureter	90	$1,722		
50945		Laparoscopy ureterolithotomy.	90	BR		
50945		Laparoscopy ureterolithotomy	90	$1,798	$1,798	*
50947		Laparo new ureter/bladder	90	$2,572	$2,572	*
50948		Laparo new ureter/bladder	90	$2,328	$2,328	*
50949		Laparoscope proc, ureter	BR	BR	BR	*
50951		Endoscopy of ureter	0	$544		
50953		Endoscopy of ureter	0	$571		
50955		Ureter endoscopy & biopsy	0	$677		
50957		Ureter endoscopy & treatment	0	$676		
50961		Ureter endoscopy & treatment	0	$633		
50970		Ureter endoscopy	0	$909		
50972		Ureter endoscopy & catheter	0	$609		
50974		Ureter endoscopy & biopsy	0	$1,192		
50976		Ureter endoscopy & treatment	0	$1,138		
50980		Ureter endoscopy & treatment	0	$728		
51000		Drainage of bladder	0	$94		
51005		Drainage of bladder	0	$108		
51010		Drainage of bladder	10	$257		
51020		Incise & treat bladder	90	$964		
51030		Incise & treat bladder	90	$779		
51040		Incise & drain bladder	90	$803		
51045		Incise bladder, drain ureter	90	$815		
51050		Removal of bladder stone	90	$982		
51060		Removal of ureter stone	90	$1,443		
51065		Remove ureter calculus	90	$980	$980	*
51080		Drainage of bladder abscess	90	$791		
51500		Removal of bladder cyst	90	$1,247		
51520		Removal of bladder lesion	90	$1,281		
51525		Removal of bladder lesion	90	$1,735		
51530		Removal of bladder lesion	90	$1,529		
51535		Repair of ureter lesion	90	$1,440		
51550		Partial removal of bladder	90	$1,856		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
51555		Partial removal of bladder	90	$2,348		
51565		Revise bladder & ureter(s)	90	$2,656		
51570		Removal of bladder	90	$2,792		
51575		Removal of bladder & nodes	90	$3,755		
51580		Remove bladder; revise tract	90	$3,552		
51585		Removal of bladder & nodes	90	$4,231		
51590		Remove bladder/revise tract	90	$3,369	$3,369	*
51595		Remove bladder; revise tract	90	$5,054		
51596		Remove bladder/create pouch	90	$4,073	$4,073	*
51597		Removal of pelvic structures	90	$4,970		
51600		Injection for bladder x-ray	0	$84		
51605		Preparation for bladder xray	0	$103		
51610		Injection for bladder x-ray	0	$133		
51700		Irrigation of bladder	0	$80		
51701		Insert bladder catheter	0	$150	$52	*
51702		Insert temp bladder cath	0	$186	$55	*
51703		Insert bladder cath, complex	0	$306	$152	*
51705		Change of bladder tube	10	$100		
51710		Change of bladder tube	10	$149		
51715		Endoscopic injection/implant	0	$472		
51720		Treatment of bladder lesion	0	$175		
51725		Simple cystometrogram	0	$187		
51725	26	Simple cystometrogram	0	$157		
51725	TC	Simple cystometrogram	0	$30		
51726		Complex cystometrogram	0	$222		
51726	26	Complex cystometrogram	0	$185		
51726	TC	Complex cystometrogram	0	$38		
51736		Urine flow measurement	0	$91		
51736	26	Urine flow measurement	0	$80		
51736	TC	Urine flow measurement	0	$12		
51741		Electro-uroflowmetry, first	0	$155		
51741	26	Electro-uroflowmetry, first	0	$139		
51741	TC	Electro-uroflowmetry, first	0	$17		
51772		Urethra pressure profile	0	$189		
51772	26	Urethra pressure profile	0	$156		
51772	TC	Urethra pressure profile	0	$33		
51784		Anal/urinary muscle study	0	$188		
51784	26	Anal/urinary muscle study	0	$158		
51784	TC	Anal/urinary muscle study	0	$30		
51785		Anal/urinary muscle study	0	$190		
51785	26	Anal/urinary muscle study	0	$160		
51785	TC	Anal/urinary muscle study	0	$31		
51792		Urinary reflex study	0	$229		
51792	26	Urinary reflex study	0	$124		
51792	TC	Urinary reflex study	0	$105		
51795		Urine voiding pressure study	0	$222		
51795	26	Urine voiding pressure study	0	$154		
51795	TC	Urine voiding pressure study	0	$69		
51797		Intraabdominal pressure test	0	$189		
51797	26	Intraabdominal pressure test	0	$154		
51797	TC	Intraabdominal pressure test	0	$35		
51798		Us urine capacity measure		$30	$30	*
51800		Revision of bladder/urethra	90	$2,110		
51820		Revision of urinary tract	90	$1,797		
51840		Attach bladder/urethra	90	$1,447		
51841		Attach bladder/urethra	90	$1,741		
51845		Repair bladder neck	90	$1,477		
51860		Repair of bladder wound	90	$1,394		
51865		Repair of bladder wound	90	$1,856		
51880		Repair of bladder opening	90	$899		
51900		Repair bladder/vagina lesion	90	$1,751		
51920		Close bladder-uterus fistula	90	$1,332		
51925		Hysterectomy/bladder repair	90	$1,876		
51940		Correction of bladder defect	90	$3,018	$3,018	*
51960		Revision of bladder & bowel	90	$2,429	$2,429	*
51980		Construct bladder opening	90	$1,320		
51990		Laparo urethral suspension.	90	BR		
51992		Laparo sling operation	90	BR		
52000		Cystoscopy	0	$246		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
52001		Cystoscopy, removal of clots	0	$773	$545	*
52005		Cystoscopy & ureter catheter	0	$339		
52007		Cystoscopy and biopsy	0	$433		
52010		Cystoscopy & duct catheter	0	$362		
52204		Cystoscopy	0	$354		
52214		Cystoscopy and treatment	0	$481		
52224		Cystoscopy and treatment	0	$448		
52234		Cystoscopy and treatment	0	$469	$469	*
52235		Cystoscopy and treatment	0	$980		
52240		Cystoscopy and treatment	0	$1,516		
52250		Cystoscopy & radiotracer	0	$542		
52260		Cystoscopy & treatment	0	$442		
52265		Cystoscopy & treatment	0	$313		
52270		Cystoscopy & revise urethra	0	$542		
52275		Cystoscopy & revise urethra	0	$599		
52276		Cystoscopy and treatment	0	$634		
52277		Cystoscopy and treatment	0	$812		
52281		Cystoscopy and treatment.	0	$394		
52282		Cystoscopy, implant stent.	0	$845		
52283		Cystoscopy and treatment	0	$383		
52285		Cystoscopy and treatment	0	$485		
52290		Cystoscopy and treatment	0	$508		
52300		Cystoscopy and treatment.	0	$623		
52301		Cystoscopy and treatment.	0	$639		
52305		Cystoscopy and treatment	0	$649		
52310		Cystoscopy and treatment	0	$432		
52315		Cystoscopy and treatment	0	$686		
52317		Remove bladder stone..	0	$1,205		
52318		Remove bladder stone	0	$1,263		
52320		Cystoscopy and treatment	0	$710		
52325		Cystoscopy, stone removal	0	$981		
52327		Cystoscopy, inject material	0	$647		
52330		Cystoscopy and treatment	0	$628		
52332		Cystoscopy and treatment	0	$451		
52334		Create passage to kidney	0	$602		
52341		Cysto w/ureter stricture tx	0	$612	$612	*
52342		Cysto w/up stricture tx	0	$659	$659	*
52343		Cysto w/renal stricture tx	0	$729	$729	*
52344		Cysto/uretero, stricture tx	0	$782	$782	*
52345		Cysto/uretero w/up stricture	0	$831	$831	*
52346		Cystouretero w/renal strict	0	$934	$934	*
52351		Cystouretero & or pyeloscope	0	$596	$596	*
52352		Cystouretero w/stone remove	0	$699	$699	*
52353		Cystouretero w/lithotripsy	0	$807	$807	*
52354		Cystouretero w/biopsy	0	$746	$746	*
52355		Cystouretero w/excise tumor	0	$892	$892	*
52400		Cystouretero w/congen repr	90	$999	$999	*
52402		Cystourethro cut ejacul duct	0	$522	$522	*
52450		Incision of prostate	90	$888		
52500		Revision of bladder neck	90	$1,132		
52510		Dilation prostatic urethra	90	$730	$730	*
52601		Prostatectomy (TURP)..	90	$1,724		
52606		Control postop bleeding	90	$790		
52612		Prostatectomy, first stage	90	$1,227		
52614		Prostatectomy, second stage	90	$978		
52620		Remove residual prostate	90	$842		
52630		Remove prostate regrowth	90	$1,269		
52640		Relieve bladder contracture	90	$927		
52647		Laser surgery of prostate	90	$1,432		
52648		Laser surgery of prostate	90	$1,518		
52700		Drainage of prostate abscess	90	$705		
53000		Incision of urethra	10	$279		
53010		Incision of urethra	90	$489		
53020		Incision of urethra	0	$190		
53025		Incision of urethra	0	$143		
53040		Drainage of urethra abscess	90	$570		
53060		Drainage of urethra abscess	10	$224		
53080		Drainage of urinary leakage	90	$729		
53085		Drainage of urinary leakage	90	$1,213		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
53200		Biopsy of urethra	0	$270		
53210		Removal of urethra	90	$1,347		
53215		Removal of urethra	90	$1,809		
53220		Treatment of urethra lesion	90	$838		
53230		Removal of urethra lesion	90	$1,258		
53235		Removal of urethra lesion	90	$1,071		
53240		Surgery for urethra pouch	90	$766		
53250		Removal of urethra gland	90	$717		
53260		Treatment of urethra lesion	10	$298		
53265		Treatment of urethra lesion	10	$366		
53270		Removal of urethra gland	10	$280		
53275		Repair of urethra defect	10	$495		
53400		Revise urethra, 1st stage	90	$1,417		
53405		Revise urethra, 2nd stage	90	$1,790		
53410		Reconstruction of urethra	90	$1,769		
53415		Reconstruction of urethra	90	$2,231		
53420		Reconstruct urethra, stage 1	90	$1,785		
53425		Reconstruct urethra, stage 2	90	$1,792		
53430		Reconstruction of urethra	90	$1,661		
53431		Reconstruct urethra/bladder	90	$2,081	$2,081	*
53440		Male sling procedure	90	$1,456	$1,456	*
53442		Remove/revise male sling	90	$1,263	$1,263	*
53444		Insert tandem cuff	90	$1,431	$1,431	*
53445		Insert uro/ves nck sphincter	90	$1,568	$1,568	*
53446		Remove uro sphincter	90	$1,145	$1,145	*
53447		Remove/replace ur sphincter	90	$1,477	$1,477	*
53448		Remov/replc ur sphinctr comp	90	$2,246	$2,246	*
53449		Repair uro sphincter	90	$1,070	$1,070	*
53450		Revision of urethra	90	$618		
53460		Revision of urethra	90	$665		
53500		Urethrlys, transvag w/ scope	90	$1,368	$1,368	*
53502		Repair of urethra injury	90	$903		
53505		Repair of urethra injury	90	$914		
53510		Repair of urethra injury	90	$1,219		
53515		Repair of urethra injury	90	$1,601		
53520		Repair of urethra defect	90	$1,039		
53600		Dilate urethra stricture	0	$111		
53601		Dilate urethra stricture	0	$92		
53605		Dilate urethra stricture	0	$127		
53620		Dilate urethra stricture	0	$152		
53621		Dilate urethra stricture	0	$125		
53660		Dilation of urethra	0	$73		
53661		Dilation of urethra	0	$71		
53665		Dilation of urethra	0	$82		
53850		Prostatic microwave thermotx.	90	$1,185		
53852		Prostatic rf thermotx.	90	$1,236		
53853		Prostatic water thermother	90	$4,320	$599	*
53899		Urology surgery procedure		BR		
54000		Slitting of prepuce	10	$156		
54001		Slitting of prepuce	10	$217		
54015		Drain penis lesion	10	$431		
54050		Destruction, penis lesion(s)	10	$113		
54055		Destruction, penis lesion(s)	10	$132		
54056		Cryosurgery, penis lesion(s)	10	$125		
54057		Laser surg, penis lesion(s)	10	$228		
54060		Excision of penis lesion(s)	10	$224		
54065		Destruction, penis lesion(s)	10	$368	$269	*
54100		Biopsy of penis.....	0	$224		
54105		Biopsy of penis	10	$324		
54110		Treatment of penis lesion	90	$1,155		
54111		Treat penis lesion, graft	90	$1,641		
54112		Treat penis lesion, graft	90	$1,920		
54115		Treatment of penis lesion	90	$729		
54120		Partial removal of penis	90	$1,156		
54125		Removal of penis	90	$1,807		
54130		Remove penis & nodes	90	$2,470		
54135		Remove penis & nodes	90	$3,150		
54150		Circumcision	10	$168		
54152		Circumcision	10	$304		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
54160		Circumcision	10	$305		
54161		Circumcision	10	$398		
54162		Lysis penil circumic lesion	10	$558	$330	*
54163		Repair of circumcision	10	$370	$370	*
54164		Frenulotomy of penis	10	$320	$320	*
54200		Treatment of penis lesion	10	$96		
54205		Treatment of penis lesion	90	$908		
54220		Treatment of penis lesion	0	$296		
54230		Prepare penis study	0	$199		
54231		Dynamic cavernosometry	0	$313		
54235		Penile injection	0	$117		
54240		Penis study	0	$172		
54240	26	Penis study	0	$133		
54240	TC	Penis study	0	$39		
54250		Penis study	0	$220		
54250	26	Penis study	0	$196		
54250	TC	Penis study	0	$24		
54300		Revision of penis	90	$1,260		
54304		Revision of penis	90	$1,536		
54308		Reconstruction of urethra	90	$1,286		
54312		Reconstruction of urethra	90	$1,659		
54316		Reconstruction of urethra	90	$2,013		
54318		Reconstruction of urethra	90	$1,353		
54322		Reconstruction of urethra	90	$1,465		
54324		Reconstruction of urethra	90	$1,948		
54326		Reconstruction of urethra	90	$1,865		
54328		Revise penis, urethra	90	$1,894		
54332		Revise penis, urethra	90	$2,111		
54336		Revise penis, urethra	90	$2,771		
54340		Secondary urethral surgery	90	$1,078		
54344		Secondary urethral surgery	90	$2,331		
54348		Secondary urethral surgery	90	$2,062		
54352		Reconstruct urethra, penis	90	$2,939		
54360		Penis plastic surgery	90	$1,356		
54380		Repair penis	90	$1,611		
54385		Repair penis	90	$1,848		
54390		Repair penis and bladder	90	$2,557		
54400		Insert semi-rigid prosthesis	90	$1,544		
54401		Insert self-contd prosthesis	90	$1,925		
54405		Insert multi-comp penis pros	90	$1,437	$1,437	*
54406		Remove muti-comp penis pros	90	$1,301	$1,301	*
54408		Repair multi-comp penis pros	90	$1,372	$1,372	*
54410		Remove/replace penis prosth	90	$1,644	$1,644	*
54411		Remov/replc penis pros, comp	90	$1,711	$1,711	*
54415		Remove self-contd penis pros	90	$919	$919	*
54416		Remv/repl penis contain pros	90	$1,204	$1,204	*
54417		Remv/replc penis pros, compl	90	$1,512	$1,512	*
54420		Revision of penis	90	$1,371		
54430		Revision of penis	90	$1,221		
54435		Revision of penis	90	$720		
54440		Repair of penis	90	BR		
54450		Preputial stretching	0	$133		
54500		Biopsy of testis	0	$127		
54505		Biopsy of testis	10	$389		
54512		Excise lesion testis	90	$948	$948	*
54520		Removal of testis	90	$762		
54522		Orchiectomy, partial	90	$1,080	$1,080	*
54530		Removal of testis	90	$1,142		
54535		Extensive testis surgery	90	$1,486		
54550		Exploration for testis	90	$936		
54560		Exploration for testis	90	$1,310		
54600		Reduce testis torsion	90	$828		
54620		Suspension of testis	10	$591		
54640		Suspension of testis	90	$1,082		
54650		Orchiopexy (fowler-stephens)	90	$1,392		
54660		Revision of testis	90	$605		
54670		Repair testis injury	90	BR		
54680		Relocation of testis(es)	90	$1,453		
54690		Laparoscopy, orchiectomy.	90	BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
54692		Laparoscopy, orchiopexy.	90	BR		
54699		Laparoscope proc, testis.		BR		
54700		Drainage of scrotum	10	$311		
54800		Biopsy of epididymis	0	$318		
54820		Exploration of epididymis	90	$540		
54830		Remove epididymis lesion	90	$635		
54840		Remove epididymis lesion	90	$732		
54860		Removal of epididymis	90	$828		
54861		Removal of epididymis	90	$1,172		
54900		Fusion of spermatic ducts	90	$1,588		
54901		Fusion of spermatic ducts	90	$2,180		
55000		Drainage of hydrocele	0	$133		
55040		Removal of hydrocele	90	$749		
55041		Removal of hydroceles	90	$1,109		
55060		Repair of hydrocele	90	$698		
55100		Drainage of scrotum abscess	10	$194		
55110		Explore scrotum	90	$647		
55120		Removal of scrotum lesion	90	$480		
55150		Removal of scrotum	90	$895		
55175		Revision of scrotum	90	$701		
55180		Revision of scrotum	90	$1,255		
55200		Incision of sperm duct	90	$447		
55250		Removal of sperm duct(s)	90	$434		
55300		Preparation,sperm duct x-ray	0	$460		
55400		Repair of sperm duct	90	$1,092		
55450		Ligation of sperm duct	10	$484		
55500		Removal of hydrocele	90	$716		
55520		Removal of sperm cord lesion	90	$662		
55530		Revise spermatic cord veins	90	$797		
55535		Revise spermatic cord veins	90	$786		
55540		Revise hernia & sperm veins	90	$899		
55550		Laparo ligate spermatic vein.	90	BR		
55559		Laparo proc, spermatic cord.		BR		
55600		Incise sperm duct pouch	90	$775		
55605		Incise sperm duct pouch	90	$976		
55650		Remove sperm duct pouch	90	$1,363		
55680		Remove sperm pouch lesion	90	$682		
55700		Biopsy of prostate	0	$229		
55705		Biopsy of prostate	10	$575		
55720		Drainage of prostate abscess	90	$808		
55725		Drainage of prostate abscess	90	$982		
55801		Removal of prostate	90	$2,156		
55810		Extensive prostate surgery	90	$2,893		
55812		Extensive prostate surgery	90	$3,205		
55815		Extensive prostate surgery	90	$3,971		
55821		Removal of prostate	90	$1,977		
55831		Removal of prostate	90	$2,145		
55840		Extensive prostate surgery	90	$2,791		
55842		Extensive prostate surgery	90	$3,096		
55845		Extensive prostate surgery	90	$3,842		
55859		Percut/needle insert, pros.	90	$1,369		
55860		Surgical exposure, prostate	90	$1,498		
55862		Extensive prostate surgery	90	$2,122		
55865		Extensive prostate surgery	90	$3,437		
55866		Laparo radical prostatectomy	90	$3,157	$3,157	*
55870		Electroejaculation	0	BR		
55873		Cryoablate prostate	90	$2,108	$2,108	*
55899		Genital surgery procedure		BR		
55970		Sex transformation, m to f		BR		
55980		Sex transformation, f to m		BR		
56356		Hysteroscopy; ablation	0	$763		
56405		I & d of vulva/perineum	10	$164		
56420		Drainage of gland abscess	10	$161		
56440		Surgery for vulva lesion	10	$421		
56441		Lysis of labial lesion(s)	10	$274		
56501		Destroy, vulva lesions, sim	10	$247	$208	*
56515		Destroy vulva lesion/s compl	10	$398	$347	*
56605		Biopsy of vulva/perineum	0	$120		
56606		Biopsy of vulva/ perineum.		$87		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
56620		Partial removal of vulva	90	$1,031		
56625		Complete removal of vulva	90	$1,351		
56630		Extensive vulva surgery	90	$2,016		
56631		Extensive vulva surgery	90	$2,749		
56632		Extensive vulva surgery	90	$3,008		
56633		Extensive vulva surgery	90	$2,247		
56634		Extensive vulva surgery	90	$2,994		
56637		Extensive vulva surgery	90	$3,154		
56640		Extensive vulva surgery	90	$3,143		
56700		Partial removal of hymen	10	$325		
56720		Incision of hymen	0	$91		
56740		Remove vagina gland lesion	10	$497		
56800		Repair of vagina	10	$511		
56805		Repair clitoris.....	90	$2,203		
56810		Repair of perineum	10	$503		
56820		Exam of vulva w/scope	0	$212	$165	*
56821		Exam/biopsy of vulva w/scope	0	$286	$227	*
57000		Exploration of vagina	10	$375		
57010		Drainage of pelvic abscess	90	$607		
57020		Drainage of pelvic fluid	0	$163		
57022		I & d vaginal hematoma, pp	10	$306	$306	*
57023		I & d vag hematoma, non-ob	10	$557	$557	*
57061		Destroy vag lesions, simple	10	$216	$179	*
57065		Destroy vag lesions, complex	10	$369	$325	*
57100		Biopsy of vagina	0	$122		
57105		Biopsy of vagina	10	$251		
57106		Remove vagina wall, partial.	90	$680		
57107		Remove vagina tissue, part.	90	$2,278		
57109		Vaginectomy partial w/ nodes.	90	$2,800		
57110		Remove vagina wall, complete.	90	$1,666		
57111		Remove vagina tissue, compl.	90	$2,775		
57112		Vaginectomy w/nodes, compl.	90	$2,954		
57120		Closure of vagina	90	$1,078		
57130		Remove vagina lesion	10	$395		
57135		Remove vagina lesion	10	$350		
57150		Treat vagina infection	0	$83		
57155		Insert uteri tandems/ovoids	90	$798	$798	*
57160		Insert pessary/other device.	0	$100		
57170		Fitting of diaphragm/cap	0	$91		
57180		Treat vaginal bleeding	10	$156		
57200		Repair of vagina	90	$495		
57210		Repair vagina/perineum	90	$613		
57220		Revision of urethra	90	$645		
57230		Repair of urethral lesion	90	$677		
57240		Repair bladder & vagina	90	$997		
57250		Repair rectum & vagina	90	$975		
57260		Repair of vagina	90	$1,283		
57265		Extensive repair of vagina	90	$1,337		
57267		Insert mesh/pelvic flr addon	ZZZ	$531	$531	*
57268		Repair of bowel bulge	90	$1,039		
57270		Repair of bowel pouch	90	$1,107		
57280		Suspension of vagina	90	$1,326		
57282		Colpopexy, extraperitoneal	90	$878	$878	*
57283		Colpopexy, intraperitoneal	90	$1,260	$1,260	*
57284		Repair paravaginal defect.	90	$1,535		
57287		Revise/remove sling repair	90	$1,210	$1,210	*
57288		Repair bladder defect	90	$1,729		
57289		Repair bladder & vagina	90	$1,126		
57291		Construction of vagina	90	$991		
57292		Construct vagina with graft	90	$1,435		
57300		Repair rectum-vagina fistula	90	$1,160		
57305		Repair rectum-vagina fistula	90	$1,260		
57307		Fistula repair & colostomy	90	$1,235		
57308		Fistula repair, transperine.	90	$1,264		
57310		Repair urethrovaginal lesion	90	$773		
57311		Repair urethrovaginal lesion	90	$936		
57320		Repair bladder-vagina lesion	90	$1,279		
57330		Repair bladder-vagina lesion	90	$1,470		
57335		Repair vagina.....	90	$1,899		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
57400		Dilation of vagina	0	$87		
57410		Pelvic examination	0	$71		
57415		Removal vaginal foreign body	10	$94		
57420		Exam of vagina w/scope	0	$222	$174	*
57421		Exam/biopsy of vag w/scope	0	$305	$242	*
57425		Laparoscopy, surg, colpopexy	90	$1,708	$1,708	*
57452		Exam of cervix w/scope	0	$209	$172	*
57454		Bx/curett of cervix w/scope	0	$301	$267	*
57455		Biopsy of cervix w/scope	0	$280	$220	*
57456		Endocerv curettage w/scope	0	$264	$205	*
57460		Bx of cervix w/scope, leep	0	$639	$323	*
57461		Conz of cervix w/scope, leep	0	$705	$376	*
57500		Biopsy of cervix	0	$118		
57505		Endocervical curettage	10	$131		
57510		Cauterization of cervix	10	$261	$224	*
57511		Cryocautery of cervix	10	$203		
57513		Laser surgery of cervix	10	$376		
57520		Conization of cervix..	90	$585		
57522		Conization of cervix	90	$521		
57530		Removal of cervix	90	$624		
57531		Removal of cervix, radical.	90	$3,399		
57540		Removal of residual cervix	90	$1,010		
57545		Remove cervix, repair pelvis	90	$866		
57550		Removal of residual cervix	90	$935		
57555		Remove cervix, repair vagina	90	$1,445		
57556		Remove cervix, repair bowel	90	$1,340		
57700		Revision of cervix	90	$427		
57720		Revision of cervix	90	$505		
57800		Dilation of cervical canal	0	$96		
57820		D&c of residual cervix	10	$308		
58100		Biopsy of uterus lining.	0	$113		
58120		Dilation and curettage (d&c)	10	$405		
58140		Myomectomy abdom method	90	$1,663	$1,663	*
58145		Removal of uterus lesion	90	$1,214		
58146		Myomectomy abdom complex	90	$2,144	$2,144	*
58150		Total hysterectomy	90	$1,745		
58152		Total hysterectomy....	90	$2,007		
58180		Partial hysterectomy	90	$1,482		
58200		Extensive hysterectomy	90	$2,557		
58210		Extensive hysterectomy	90	$3,229		
58240		Removal of pelvis contents	90	$4,507		
58260		Vaginal hysterectomy	90	$1,503	$1,503	*
58262		Vaginal hysterectomy	90	$1,736		
58263		Vaginal hysterectomy	90	$1,897		
58267		Vag hyst w/urinary repair	90	$1,944	$1,944	*
58270		Hysterectomy & vagina repair	90	$1,779		
58275		Hysterectomy/revise vagina	90	$1,798	$1,798	*
58280		Hysterectomy, revise vagina	90	$1,923		
58285		Extensive hysterectomy	90	$2,247		
58290		Vag hyst complex	90	$2,153	$2,153	*
58291		Vag hyst incl t/o, complex	90	$2,347	$2,347	*
58292		Vag hyst t/o & repair, compl	90	$2,487	$2,487	*
58293		Vag hyst w/uro repair, compl	90	$2,583	$2,583	*
58294		Vag hyst w/enterocele, compl	90	$2,277	$2,277	*
58300		Insert intrauterine device		$136		
58301		Remove intrauterine device	0	$90		
58321		Artificial insemination	0	$126		
58322		Artificial insemination	0	$139		
58323		Sperm washing	0	$26		
58340		Catheter for hysterography	0	$293	$115	*
58345		Reopen fallopian tube	10	$602		
58346		Insert heyman uteri capsule	90	$797	$797	*
58350		Reopen fallopian tube.	10	$150		
58353		Endometr ablate, thermal	10	$2,809	$427	*
58356		Endometrial cryoablation	10	$994	$697	*
58400		Suspension of uterus	90	$882		
58410		Suspension of uterus	90	$931		
58520		Repair of ruptured uterus	90	$820		
58540		Revision of uterus	90	$1,143		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
58545		Laparoscopic myomectomy	90	$1,667	$1,667	*
58546		Laparo-myomectomy, complex	90	$2,138	$2,138	*
58550		Laparo-asst vag hysterectomy	90	$1,642	$1,642	*
58552		Laparo-vag hyst incl t/o	90	$1,821	$1,821	*
58553		Laparo-vag hyst, complex	90	$2,139	$2,139	*
58554		Laparo-vag hyst w/t/o, compl	90	$2,453	$2,453	*
58555		Hysteroscopy, dx, sep proc.	0	BR		
58558		Hysteroscopy, biopsy..	0	BR		
58559		Hysteroscopy, lysis...	0	BR		
58560		Hysteroscopy, resect septum.	0	BR		
58561		Hysteroscopy, remove myoma.	0	BR		
58562		Hysteroscopy, remove fb.	0	BR		
58563		Hysteroscopy, ablation	0	$4,472	$684	*
58565		Hysteroscopy, sterilization	90	$4,095	$858	*
58578		Laparo proc, uterus...		BR		
58579		Hysteroscope procedure		BR		
58600		Division of fallopian tube	90	$800		
58605		Division of fallopian tube	90	$629		
58611		Ligate oviduct(s) add-on	ZZZ	$155	$155	*
58615		Occlude fallopian tube(s)	10	$503		
58660		Laparoscopy, lysis....	90	BR		
58661		Laparoscopy, remove adnexa.	10	BR		
58662		Laparoscopy, excise lesions.	90	BR		
58670		Laparoscopy, tubal cautery.	90	BR		
58671		Laparoscopy, tubal block.	90	BR		
58672		Laparoscopy, fimbrioplasty.	90	BR		
58673		Laparoscopy, salpingostomy.	90	BR		
58679		Laparo proc, oviduct- ovary.		BR		
58700		Removal of fallopian tube	90	$960		
58720		Removal of ovary/tube(s)	90	$1,085		
58740		Revise fallopian tube(s)	90	$1,057		
58750		Repair oviduct(s)	90	$1,175		
58752		Revise ovarian tube(s)	90	$1,105		
58760		Remove tubal obstruction	90	$953		
58770		Create new tubal opening	90	$945		
58800		Drainage of ovarian cyst(s)	90	$495		
58805		Drainage of ovarian cyst(s)	90	$934		
58820		Drain ovary abscess, open.	90	$530		
58822		Drainage of ovarian abscess	90	$747		
58823		Drain pelvic abscess, percut.	0	$441		
58825		Transposition, ovary(s)	90	$749		
58900		Biopsy of ovary(s)	90	$832		
58920		Partial removal of ovary(s)	90	$1,025		
58925		Removal of ovarian cyst(s)	90	$1,015		
58940		Removal of ovary(s)	90	$1,016		
58943		Removal of ovary(s)	90	$2,073	$2,073	*
58950		Resect ovarian malignancy	90	$1,936	$1,936	*
58951		Resect ovarian malignancy	90	$3,016		
58952		Resect ovarian malignancy	90	$2,813	$2,813	*
58953		Tah, rad dissect for debulk	90	$3,562	$3,562	*
58954		Tah rad debulk/lymph remove	90	$3,882	$3,882	*
58956		Bso, omentectomy w/tah	90	$2,486	$2,486	*
58960		Exploration of abdomen	90	$1,683	$1,683	*
58970		Retrieval of oocyte	0	BR		
58974		Transfer of embryo....	0	BR		
58976		Transfer of embryo....	0	$494		
58999		Genital surgery procedure		BR		
59000		Amniocentesis, diagnostic	0	$261	$162	*
59001		Amniocentesis, therapeutic	0	$363	$363	*
59012		Fetal cord puncture,prenatal	0	$452		
59015		Chorion biopsy	0	$248		
59020		Fetal contract stress test	0	$164		
59020	26	Fetal contract stress test	0	$122		
59020	TC	Fetal contract stress test	0	$43		
59025		Fetal non-stress test	0	$89		
59025	26	Fetal non-stress test	0	$71		
59025	TC	Fetal non-stress test	0	$19		
59030		Fetal scalp blood sample	0	$268		
59050		Fetal monitor w/report		$122		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
59051		Fetal monitor/interpret only		$119		
59070		Transabdom amnioinfus w/us	0	$756	$555	*
59072		Umbilical cord occlud w/us	0	$870	$870	*
59074		Fetal fluid drainage w/us	0	$715	$555	*
59076		Fetal shunt placement, w/us	0	$870	$870	*
59100		Remove uterus lesion	90	$784		
59120		Treat ectopic pregnancy	90	$1,167		
59121		Treat ectopic pregnancy	90	$952		
59130		Treat ectopic pregnancy	90	$1,030		
59135		Treat ectopic pregnancy	90	$1,699		
59136		Treat ectopic pregnancy	90	$1,158		
59140		Treat ectopic pregnancy	90	$711		
59150		Treat ectopic pregnancy	90	$844		
59151		Treat ectopic pregnancy	90	$1,168		
59160		D & c after delivery..	10	$438.50		
59200		Insert cervical dilator	0	$103		
59300		Episiotomy or vaginal repair	0	$248		
59320		Revision of cervix	0	$331		
59325		Revision of cervix	0	$514		
59350		Repair of uterus	0	$659		
59400		Obstetrical care		$2,793		
59409		Obstetrical care		$1,767		
59410		Obstetrical care		$1,921		
59412		Antepartum manipulation		$228		
59414		Deliver placenta		$215		
59425		Antepartum care only		$537		
59426		Antepartum care only		$920		
59430		Care after delivery		$174		
59510		Cesarean delivery		$3,149		
59514		Cesarean delivery only		$2,048		
59515		Cesarean delivery		$2,201		
59525		Remove uterus after cesarean.		$923		
59610		Vbac delivery.....		$2,930		
59612		Vbac delivery only....		$1,816		
59614		Vbac care after delivery.		$1,972		
59618		Attempted vbac delivery.		$3,311		
59620		Attempted vbac delivery only.		$2,110		
59622		Attempted vbac after care.		$2,277		
59812		Treatment of miscarriage	90	$530		
59820		Care of miscarriage	90	$584		
59821		Treatment of miscarriage	90	$539		
59830		Treat uterus infection	90	$780		
59840		Abortion	10	$483		
59841		Abortion	10	$549		
59850		Abortion	90	$730		
59851		Abortion	90	$763		
59852		Abortion	90	$1,025		
59855		Abortion	90	$624		
59856		Abortion	90	$942		
59857		Abortion	90	$1,146		
59866		Abortion (mpr).....	0	$512		
59870		Evacuate mole of uterus	90	$543		
59871		Remove cerclage suture	0	$302		
59897		Fetal invas px w/us	BR	BR	BR	*
59898		Laparo proc, ob care/ deliver.		BR		
59899		Maternity care procedure		BR		
60000		Drain thyroid/tongue cyst	10	$271	$256	*
60001		Aspirate/inject thyroid cyst	0	$150		
60100		Biopsy of thyroid.....	0	$173		
60200		Remove thyroid lesion	90	$1,125		
60210		Partial excision thyroid	90	$1,459		
60212		Partial thyroid excision	90	$1,838		
60220		Partial removal of thyroid.	90	$1,427		
60225		Partial removal of thyroid.	90	$1,840		
60240		Removal of thyroid	90	$1,996		
60252		Removal of thyroid	90	$2,237		
60254		Extensive thyroid surgery	90	$2,758		
60260		Repeat thyroid surgery	90	$1,451		
60270		Removal of thyroid	90	$2,337	$2,337	*

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60271		Removal of thyroid	90	$1,999		
60280		Remove thyroid duct lesion	90	$989		
60281		Remove thyroid duct lesion	90	$991		
60500		Explore parathyroid glands	90	$2,058		
60502		Re-explore parathyroids	90	$2,334		
60505		Explore parathyroid glands	90	$2,523		
60512		Autotransplant parathyroid.		$508		
60520		Removal of thymus gland.	90	$2,247		
60521		Removal thymus gland	90	$2,366		
60522		Removal of thymus gland	90	$2,643		
60540		Explore adrenal gland	90	$2,112		
60545		Explore adrenal gland	90	$2,487		
60600		Remove carotid body lesion	90	$2,086		
60605		Remove carotid body lesion	90	$2,203		
60650		Laparoscopy adrenalectomy.		BR		
60659		Laparo proc, endocrine		BR		
60699		Endocrine surgery procedure		BR		
61000		Remove cranial cavity fluid	0	$200		
61001		Remove cranial cavity fluid	0	$180		
61020		Remove brain cavity fluid	0	$210		
61026		Injection into brain canal	0	$238	$238	*
61050		Remove brain canal fluid	0	$205		
61055		Injection into brain canal	0	$261	$261	*
61070		Brain canal shunt procedure	0	$101		
61105		Twist drill hole.....	90	$813		
61107		Drill skull for implantation	0	$847		
61108		Drill skull for drainage	90	$1,774		
61120		Burr hole for puncture	90	$1,112		
61140		Pierce skull for biopsy	90	$2,232		
61150		Pierce skull for drainage	90	$2,382		
61151		Pierce skull for drainage	90	$984		
61154		Pierce skull, remove clot	90	$2,438		
61156		Pierce skull for drainage	90	$2,440		
61210		Pierce skull; implant device	0	$971		
61215		Insert brain-fluid device	90	$1,464		
61250		Pierce skull & explore	90	$1,452		
61253		Pierce skull & explore	90	$1,721		
61304		Open skull for exploration	90	$3,641		
61305		Open skull for exploration	90	$4,172		
61312		Open skull for drainage	90	$3,478		
61313		Open skull for drainage	90	$3,466		
61314		Open skull for drainage	90	$3,757		
61315		Open skull for drainage	90	$3,878		
61316		Implt cran bone flap to abdo	ZZZ	$165	$165	*
61320		Open skull for drainage	90	$3,258		
61321		Open skull for drainage	90	$3,542		
61322		Decompressive craniotomy	90	$3,713	$3,713	*
61323		Decompressive lobectomy	90	$3,888	$3,888	*
61330		Decompress eye socket	90	$2,112		
61332		Explore/biopsy eye socket	90	$3,508		
61333		Explore orbit; remove lesion	90	$3,573		
61334		Explore orbit; remove object	90	$2,374		
61340		Subtemporal decompression	90	$2,434	$2,434	*
61343		Incise skull,pressure relief	90	$4,473		
61345		Relieve cranial pressure	90	$3,397		
61440		Incise skull for surgery	90	$3,436		
61450		Incise skull for surgery	90	$3,409		
61458		Incise skull for brain wound	90	$4,114		
61460		Incise skull for surgery	90	$3,948		
61470		Incise skull for surgery	90	$2,632		
61480		Incise skull for surgery	90	$2,380		
61490		Incise skull for surgery	90	$2,089		
61500		Removal of skull lesion	90	$2,873		
61501		Remove infected skull bone	90	$2,448		
61510		Removal of brain lesion	90	$3,916		
61512		Remove brain lining lesion	90	$4,145		
61514		Removal of brain abscess	90	$3,804		
61516		Removal of brain lesion	90	$3,814		
61517		Implt brain chemotx add-on	ZZZ	$167	$167	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
61518		Removal of brain lesion	90	$4,795		
61519		Remove brain lining lesion	90	$5,014		
61520		Removal of brain lesion	90	$5,528		
61521		Removal of brain lesion	90	$5,543		
61522		Removal of brain abscess	90	$3,631		
61524		Removal of brain lesion	90	$4,150		
61526		Removal of brain lesion	90	$4,849		
61530		Removal of brain lesion	90	BR		
61531		Implant brain electrodes	90	$2,636		
61533		Implant brain electrodes	90	$3,098		
61534		Removal of brain lesion	90	$1,948		
61535		Remove brain electrodes	90	$1,355		
61536		Removal of brain lesion	90	$3,920		
61537		Removal of brain tissue	90	$3,293	$3,293	*
61538		Removal of brain tissue	90	$3,462	$3,462	*
61539		Removal of brain tissue	90	$4,112	$4,112	*
61540		Removal of brain tissue	90	$3,929	$3,929	*
61541		Incision of brain tissue	90	$3,577		
61542		Removal of brain tissue	90	$3,624		
61543		Removal of brain tissue	90	$3,761	$3,761	*
61544		Remove & treat brain lesion	90	$3,822		
61545		Excision of brain tumor	90	$4,598		
61546		Removal of pituitary gland	90	$4,326		
61548		Removal of pituitary gland	90	$3,465		
61550		Release of skull seams	90	$1,923		
61552		Release of skull seams	90	$2,516		
61556		Incise skull/sutures	90	BR		
61557		Incise skull/sutures	90	BR		
61558		Excision of skull/sutures	90	BR		
61559		Excision of skull/sutures	90	BR		
61563		Excision of skull tumor	90	BR		
61564		Excision of skull tumor	90	BR		
61566		Removal of brain tissue	90	$3,932	$3,932	*
61567		Incision of brain tissue	90	$4,438	$4,438	*
61570		Remove brain foreign body	90	$3,003		
61571		Incise skull for brain wound	90	$3,262		
61575		Skull base/brainstem surgery	90	$4,982		
61576		Skull base/brainstem surgery	90	$4,669		
61580		Craniofacial approach, skull	90	$3,823		
61581		Craniofacial approach, skull	90	$4,339		
61582		Craniofacial approach, skull	90	$3,939		
61583		Craniofacial approach, skull	90	$4,494		
61584		Orbitocranial approach/skull	90	$4,352		
61585		Orbitocranial approach/skull	90	$4,869		
61586		Resect nasopharynx, skull.	90	$3,400		
61590		Infratemporal approach/skull	90	$5,295		
61591		Infratemporal approach/skull	90	$5,554		
61592		Orbitocranial approach/skull	90	$5,037		
61595		Transtemporal approach/skull	90	$3,720		
61596		Transcochlear approach/skull	90	$4,521		
61597		Transcondylar approach/skull	90	$4,779		
61598		Transpetrosal approach/skull	90	$4,210		
61600		Resect/excise cranial lesion	90	$3,229		
61601		Resect/excise cranial lesion	90	$3,462		
61605		Resect/excise cranial lesion	90	$3,655		
61606		Resect/excise cranial lesion	90	$4,895		
61607		Resect/excise cranial lesion	90	$4,572		
61608		Resect/excise cranial lesion	90	$5,320		
61609		Transect artery, sinus		$1,275		
61610		Transect artery, sinus		$3,762		
61611		Transect artery, sinus		$945		
61612		Transect artery, sinus		$3,551		
61613		Remove aneurysm, sinus	90	$5,218		
61615		Resect/excise lesion, skull	90	$4,017		
61616		Resect/excise lesion, skull	90	$5,463		
61618		Repair dura	90	$2,199	$2,199	*
61619		Repair dura	90	$2,583		
61623		Endovasc tempory vessel occl	0	$1,069	$1,069	*
61624		Transcath occlusion, cns	0	$2,051	$2,051	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
61626		Occlusion/embolization cath	0	$2,173		
61680		Intracranial vessel surgery	90	$5,189		
61682		Intracranial vessel surgery	90	$5,937		
61684		Intracranial vessel surgery	90	$5,131		
61686		Intracranial vessel surgery	90	$6,203		
61690		Intracranial vessel surgery	90	$4,628		
61692		Intracranial vessel surgery	90	$4,963		
61697		Brain aneurysm repr, complx	90	$6,443	$6,443	*
61698		Brain aneurysm repr, complx	90	$6,175	$6,175	*
61700		Brain aneurysm repr, simple	90	$6,439	$6,439	*
61702		Inner skull vessel surgery	90	$6,004	$6,004	*
61703		Clamp neck artery	90	$2,175		
61705		Revise circulation to head	90	$4,966		
61708		Revise circulation to head	90	$4,326		
61710		Revise circulation to head	90	$3,293		
61711		Fusion of skull arteries	90	$5,229		
61720		Incise skull/brain surgery	90	$3,010		
61735		Incise skull/brain surgery	90	$2,233		
61750		Incise skull; brain biopsy	90	$2,469		
61751		Brain biopsy w/ct/mr guide	90	$2,325	$2,325	*
61760		Implant brain electrodes	90	$2,943		
61770		Incise skull for treatment	90	$2,635	$2,635	*
61790		Treat trigeminal nerve	90	$2,040		
61791		Treat trigeminal tract	90	$1,785		
61793		Focus radiation beam..	90	$2,587		
61795		Brain surgery using computer.		$670.85		
61850		Implant neuroelectrodes.	90	$1,797		
61860		Implant neuroelectrodes.	90	$2,236		
61863		Implant neuroelectrode	90	$2,548	$2,548	*
61864		Implant neuroelectrde, add'l	ZZZ	$849	$849	*
61867		Implant neuroelectrode	90	$3,865	$3,865	*
61868		Implant neuroelectrde, add'l	ZZZ	$1,214	$1,214	*
61870		Implant neuroelectrodes	90	$763		
61875		Implant neuroelectrodes	90	$1,217		
61880		Revise/remove neuroelectrode	90	$791		
61885		Insrt/redo neurostim 1 array	90	$890	$890	*
61886		Implant neurostim arrays….	90	BR		
61888		Revise/remove neuroreceiver	10	$409		
62000		Repair of skull fracture	90	$1,270		
62005		Repair of skull fracture	90	$1,974		
62010		Treatment of head injury	90	$2,903		
62100		Repair brain fluid leakage	90	$2,799	$2,799	*
62115		Reduction of skull defect	90	BR		
62116		Reduction of skull defect	90	BR		
62117		Reduction of skull defect	90	BR		
62120		Repair skull cavity lesion	90	BR		
62121		Incise skull repair	90	$2,915		
62140		Repair of skull defect	90	$2,014		
62141		Repair of skull defect	90	$2,471		
62142		Remove skull plate/flap	90	$1,810		
62143		Replace skull plate/flap	90	$1,623		
62145		Repair of skull & brain	90	$2,346		
62146		Repair of skull with graft	90	$2,000		
62147		Repair of skull with graft	90	$2,399		
62148		Retr bone flap to fix skull	ZZZ	$236	$236	*
62160		Neuroendoscopy add-on	ZZZ	$374	$374	*
62161		Dissect brain w/scope	90	$2,629	$2,629	*
62162		Remove colloid cyst w/scope	90	$3,255	$3,255	*
62163		Neuroendoscopy w/fb removal	90	$2,082	$2,082	*
62164		Remove brain tumor w/scope	90	$3,383	$3,383	*
62165		Remove pituit tumor w/scope	90	$2,715	$2,715	*
62180		Establish brain cavity shunt	90	$2,098		
62190		Establish brain cavity shunt	90	$1,994		
62192		Establish brain cavity shunt	90	$2,020		
62194		Replace/irrigate catheter	10	$353		
62200		Establish brain cavity shunt	90	$2,356		
62201		Brain cavity shunt w/scope	90	$1,963	$1,963	*
62220		Establish brain cavity shunt	90	$2,197		
62223		Establish brain cavity shunt	90	$2,281		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
62225		Replace/irrigate catheter	90	$714		
62230		Replace/revise brain shunt	90	$1,385	$1,385	*
62252		Csf shunt reprogram		$171	$171	*
62256		Remove brain cavity shunt	90	$917	$917	*
62258		Replace brain cavity shunt	90	$2,189		
62263		Epidural lysis mult sessions	10	$1,364	$690	*
62264		Epidural lysis on single day	10	$880	$433	*
62268		Drain spinal cord cyst	0	$510		
62269		Needle biopsy spinal cord	0	$432		
62270		Spinal fluid tap, diagnostic	0	$135		
62272		Drain cerebro spinal fluid	0	$364	$158	*
62273		Treat epidural spine lesion.	0	$251		
62280		Treat spinal cord lesion.	10	$295		
62281		Treat spinal cord lesion	10	$266		
62282		Treat spinal canal lesion.	10	$352		
62284		Injection for myelogram	0	$470	$167	*
62287		Percutaneous diskectomy.	90	$1,197		
62290		Inject for spine disk x-ray	0	$402		
62291		Inject for spine disk x-ray.	0	$393		
62292		Injection into disk lesion	90	$1,450		
62294		Injection into spinal artery	90	$1,032		
62310		Inject spine c/t.....	0	BR		
62311		Inject spine l/s (cd).	0	BR		
62318		Inject spine w/cath, c t.	0	BR		
62319		Inject spine w/cath l/ s (cd).	0	BR		
62350		Implant spinal canal cath	90	$835	$835	*
62351		Implant spinal canal cath.	90	$1,199		
62355		Remove spinal canal catheter.	90	$659		
62360		Insert spine infusion device.	90	$305		
62361		Implant spine infusion pump.	90	$630		
62362		Implant spine infusion pump.	90	$823		
62365		Remove spine infusion device.	90	$667		
62367		Analyze spine infusion pump.		BR		
62367	26	Analyze spine infusion pump.		$59		
62367	TC	Analyze spine infusion pump.		BR		
62368		Analyze spine infusion pump.		BR		
62368	26	Analyze spine infusion pump.		$93		
62368	TC	Analyze spine infusion pump.		BR		
63001		Removal of spinal lamina	90	$2,582		
63003		Removal of spinal lamina	90	$2,534		
63005		Removal of spinal lamina	90	$2,403		
63011		Removal of spinal lamina	90	$1,626		
63012		Removal of spinal lamina	90	$2,508		
63015		Removal of spinal lamina	90	$2,994		
63016		Removal of spinal lamina	90	$3,104		
63017		Removal of spinal lamina	90	$2,900		
63020		Neck spine disk surgery	90	$2,331		
63030		Low back disk surgery.	90	$1,906		
63035		Spinal disk surgery add-on.		$498		
63040		Laminotomy, single cervical	90	$2,465	$2,465	*
63042		Low back disk surgery	90	$3,140		
63043		Laminotomy, add'l cervical	ZZZ	BR	BR	*
63044		Laminotomy, add'l lumbar	ZZZ	BR	BR	*
63045		Removal of spinal lamina	90	$2,949		
63046		Removal of spinal lamina	90	$2,939		
63047		Removal of spinal lamina	90	$2,819		
63048		Remove spinal lamina add-on.		$530		
63050		Cervical laminoplasty	90	$2,639	$2,639	*
63051		C-laminoplasty w/graft/plate	90	$3,003	$3,003	*
63055		Decompress spinal cord	90	$3,439		
63056		Decompress spinal cord	90	$3,114		
63057		Decompress spine cord add-on.		$691		
63064		Decompress spinal cord	90	$3,622		
63066		Decompress spine cord add-on.		$433		
63075		Neck spine disk surgery	90	$2,871		
63076		Neck spine disk surgery.		$640		
63077		Spine disk surgery, thorax	90	$2,962		
63078		Spine disk surgery, thorax.		$442		
63081		Removal of vertebral body	90	$3,741		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
63082		Remove vertebral body add-on.		$699		
63085		Removal of vertebral body	90	$4,045		
63086		Remove vertebral body add-on.		$522		
63087		Removal of vertebral body	90	$4,294		
63088		Remove vertebral body add-on.		$691		
63090		Removal of vertebral body	90	$4,270		
63091		Remove vertebral body add-on.		$428		
63101		Removal of vertebral body	90	$4,017	$4,017	*
63102		Removal of vertebral body	90	$4,017	$4,017	*
63103		Remove vertebral body add-on	ZZZ	$566	$566	*
63170		Incise spinal cord tract(s)	90	$2,856		
63172		Drainage of spinal cyst	90	$3,047		
63173		Drainage of spinal cyst	90	$2,864	$2,864	*
63180		Revise spinal cord ligaments	90	$2,153		
63182		Revise spinal cord ligaments	90	$2,658		
63185		Incise spinal column/nerves	90	$2,288		
63190		Incise spinal column/nerves	90	$2,901		
63191		Incise spinal column/nerves	90	$2,242		
63194		Incise spinal column & cord	90	$2,327		
63195		Incise spinal column & cord	90	$2,345		
63196		Incise spinal column & cord	90	$2,689		
63197		Incise spinal column & cord	90	$2,574		
63198		Incise spinal column & cord	90	$2,971		
63199		Incise spinal column & cord	90	$3,391		
63200		Release of spinal cord	90	$2,264		
63250		Revise spinal cord vessels	90	$5,088		
63251		Revise spinal cord vessels	90	$4,666		
63252		Revise spinal cord vessels	90	$5,140		
63265		Excise intraspinal lesion	90	$3,252		
63266		Excise intraspinal lesion	90	$3,528		
63267		Excise intraspinal lesion	90	$3,020		
63268		Excise intraspinal lesion	90	$2,286		
63270		Excise intraspinal lesion	90	$3,285		
63271		Excise intraspinal lesion	90	$3,989		
63272		Excise intraspinal lesion	90	$3,617		
63273		Excise intraspinal lesion	90	$3,068		
63275		Biopsy/excise spinal tumor	90	$3,891		
63276		Biopsy/excise spinal tumor	90	$3,659		
63277		Biopsy/excise spinal tumor	90	$3,363		
63278		Biopsy/excise spinal tumor	90	$3,320		
63280		Biopsy/excise spinal tumor	90	$4,233		
63281		Biopsy/excise spinal tumor	90	$4,180		
63282		Biopsy/excise spinal tumor	90	$3,788		
63283		Biopsy/excise spinal tumor	90	$3,241		
63285		Biopsy/excise spinal tumor	90	$4,475		
63286		Biopsy/excise spinal tumor	90	$4,786		
63287		Biopsy/excise spinal tumor	90	$4,578		
63290		Biopsy/excise spinal tumor	90	$4,732		
63295		Repair of laminectomy defect	ZZZ	$597	$597	*
63300		Removal of vertebral body	90	$2,978		
63301		Removal of vertebral body	90	$3,335		
63302		Removal of vertebral body	90	$3,538		
63303		Removal of vertebral body	90	$3,566		
63304		Removal of vertebral body	90	$3,674		
63305		Removal of vertebral body	90	$3,940		
63306		Removal of vertebral body	90	$3,923		
63307		Removal of vertebral body	90	$4,022		
63308		Remove vertebral body add-on.		$691		
63600		Remove spinal cord lesion	90	$1,870		
63610		Stimulation of spinal cord	0	$1,240		
63615		Remove lesion of spinal cord	90	$2,051		
63650		Implant neuroelectrodes.	90	$1,059		
63655		Implant neuroelectrodes.	90	$1,704		
63660		Revise/remove neuroelectrode.	90	$962		
63685		Insrt/redo spine n generator	90	$864	$864	*
63688		Revise/remove neuroreceiver	90	$871		
63700		Repair of spinal herniation	90	BR		
63702		Repair of spinal herniation	90	BR		
63704		Repair of spinal herniation	90	BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
63706		Repair of spinal herniation	90	BR		
63707		Repair spinal fluid leakage	90	$1,514	$1,514	*
63709		Repair spinal fluid leakage	90	$1,893	$1,893	*
63710		Graft repair of spine defect	90	$1,723		
63740		Install spinal shunt	90	$1,994		
63741		Install spinal shunt	90	$1,475		
63744		Revision of spinal shunt	90	$1,180		
63746		Removal of spinal shunt	90	$864		
64400		Injection for nerve block	0	$117		
64402		Injection for nerve block	0	$139		
64405		Injection for nerve block	0	$144		
64408		Injection for nerve block	0	$182		
64410		Injection for nerve block	0	$163		
64412		Injection for nerve block	0	$133		
64413		Injection for nerve block	0	$158		
64415		N block inj, brachial plexus	0	$310	$145	*
64416		N block cont infuse, b plex	10	$325	$325	*
64417		Injection for nerve block	0	$158		
64418		Injection for nerve block	0	$161		
64420		Injection for nerve block	0	$134		
64421		Injection for nerve block	0	$190		
64425		Injection for nerve block	0	$172		
64430		Injection for nerve block	0	$162		
64435		Injection for nerve block	0	$143		
64445		N block inj, sciatic, sng	0	$301	$147	*
64446		N blk inj, sciatic, cont inf	10	$318	$318	*
64447		N block inj fem, single	0	$144	$144	*
64448		N block inj fem, cont inf	10	$285	$285	*
64449		N block inj, lumbar plexus	10	$292	$292	*
64450		Injection for nerve block	0	$131		
64470		Inj paravertebral c/t.	0	BR		
64472		Inj paravertebral c/t add-on.		BR		
64475		Inj paravertebral l/s.	0	BR		
64476		Inj paravertebral l/s add-on.		BR		
64479		Inj foramen epidural c t.	0	BR		
64480		Inj foramen epidural add-on.		BR		
64483		Inj foramen epidural l s.	0	BR		
64484		Inj foramen epidural add-on.		BR		
64505		Injection for nerve block	0	$145		
64508		Injection for nerve block	0	$159		
64510		Injection for nerve block	0	$150		
64517		N block inj, hypogas plxs	0	$357	$225	*
64520		Injection for nerve block	0	$159		
64530		Injection for nerve block	0	$215		
64550		Apply neurostimulator	0	$47		
64553		Implant neuroelectrodes	10	$240		
64555		Implant neuroelectrodes	10	$395	$259	*
64560		Implant neuroelectrodes	10	$284		
64561		Implant neuroelectrodes	10	$2,643	$710	*
64565		Implant neuroelectrodes	10	$181		
64573		Implant neuroelectrodes	90	$576		
64575		Implant neuroelectrodes	90	$539	$539	*
64577		Implant neuroelectrodes	90	$549		
64580		Implant neuroelectrodes	90	$506		
64581		Implant neuroelectrodes	90	$1,411	$1,411	*
64585		Revise/remove neuroelectrode	10	$217		
64590		Insrt/redo perph n generator	10	$691	$347	*
64595		Revise/remove neuroreceiver	10	$213		
64600		Injection treatment of nerve	10	$373		
64605		Injection treatment of nerve	10	$528		
64610		Injection treatment of nerve	10	$1,113		
64612		Destroy nerve, face muscle	10	$323	$241	*
64613		Destroy nerve, spine muscle	10	$354	$233	*
64614		Destroy nerve, extrem musc	10	$392	$257	*
64620		Injection treatment of nerve.	10	$301		
64622		Destr paravertebrl nerve l/s.	10	$383		
64623		Destr paravertebral n add-on.		$162		
64626		Destr paravertebrl nerve c/t.	10	BR		
64627		Destr paravertebral n add-on.		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
64630		Injection treatment of nerve	10	$423	$329	*
64640		Injection treatment of nerve	10	$248		
64680		Injection treatment of nerve	10	$674	$300	*
64681		Injection treatment of nerve	10	$929	$417	*
64702		Revise finger/toe nerve	90	$633		
64704		Revise hand/foot nerve	90	$748		
64708		Revise arm/leg nerve	90	$1,011		
64712		Revision of sciatic nerve	90	$1,278		
64713		Revision of arm nerve(s)	90	$1,519		
64714		Revise low back nerve(s)	90	$1,233		
64716		Revision of cranial nerve	90	$800		
64718		Revise ulnar nerve at elbow	90	$943		
64719		Revise ulnar nerve at wrist	90	$745		
64721		Carpal tunnel surgery	90	$688		
64722		Relieve pressure on nerve(s)	90	$829		
64726		Release foot/toe nerve	90	$337		
64727		Internal nerve revision		$488		
64732		Incision of brow nerve	90	$651		
64734		Incision of cheek nerve	90	$701		
64736		Incision of chin nerve	90	$657		
64738		Incision of jaw nerve	90	$787		
64740		Incision of tongue nerve	90	$785		
64742		Incision of facial nerve	90	$804		
64744		Incise nerve, back of head	90	$854		
64746		Incise diaphragm nerve	90	$719		
64752		Incision of vagus nerve	90	$808		
64755		Incision of stomach nerves	90	$1,484	$1,484	*
64760		Incision of vagus nerve	90	$1,040		
64761		Incision of pelvis nerve	90	$798		
64763		Incise hip/thigh nerve	90	$880		
64766		Incise hip/thigh nerve	90	$1,145		
64771		Sever cranial nerve	90	$1,001		
64772		Incision of spinal nerve	90	$1,053		
64774		Remove skin nerve lesion	90	$570		
64776		Remove digit nerve lesion	90	$570		
64778		Digit nerve surgery add-on.		$427		
64782		Remove limb nerve lesion	90	$777		
64783		Limb nerve surgery add on.		$510		
64784		Remove nerve lesion	90	$1,137		
64786		Remove sciatic nerve lesion	90	$2,117		
64787		Implant nerve end		$593		
64788		Remove skin nerve lesion	90	$598		
64790		Removal of nerve lesion	90	$1,365		
64792		Removal of nerve lesion	90	$1,774		
64795		Biopsy of nerve	0	$409		
64802		Remove sympathetic nerves	90	$1,042		
64804		Remove sympathetic nerves	90	$2,043		
64809		Remove sympathetic nerves	90	$1,797		
64818		Remove sympathetic nerves	90	$1,396		
64820		Remove sympathetic nerves	90	$1,343	$1,343	*
64821		Remove sympathetic nerves	90	$1,228	$1,228	*
64822		Remove sympathetic nerves	90	$1,222	$1,222	*
64823		Remove sympathetic nerves	90	$1,420	$1,420	*
64831		Repair of digit nerve	90	$906		
64832		Repair nerve add-on...		$548		
64834		Repair of hand or foot nerve	90	$980		
64835		Repair of hand or foot nerve	90	$1,237		
64836		Repair of hand or foot nerve	90	$1,302		
64837		Repair nerve add-on...		$802		
64840		Repair of leg nerve	90	$1,651		
64856		Repair/transpose nerve	90	$1,592		
64857		Repair arm/leg nerve	90	$1,735		
64858		Repair sciatic nerve	90	$2,019		
64859		Nerve surgery.....		$573.67		
64861		Repair of arm nerves	90	$2,318		
64862		Repair of low back nerves	90	$2,924		
64864		Repair of facial nerve	90	$1,479		
64865		Repair of facial nerve	90	$2,021		
64866		Fusion of facial/other nerve	90	$1,980		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
64868		Fusion of facial/other nerve	90	$1,842		
64870		Fusion of facial/other nerve	90	$2,180		
64872		Subsequent repair of nerve		BR		
64874		Repair & revise nerve		BR		
64876		Repair nerve; shorten bone		BR		
64885		Nerve graft, head or neck	90	$2,188		
64886		Nerve graft, head or neck	90	$2,609		
64890		Nerve graft, hand or foot	90	$2,034		
64891		Nerve graft, hand or foot	90	$1,937		
64892		Nerve graft, arm or leg	90	$1,881		
64893		Nerve graft, arm or leg	90	$2,181		
64895		Nerve graft, hand or foot	90	$2,414		
64896		Nerve graft, hand or foot	90	$2,748		
64897		Nerve graft, arm or leg	90	$2,299		
64898		Nerve graft, arm or leg	90	$2,488		
64901		Nerve graft add-on....		$1,442		
64902		Nerve graft add-on....		$1,685		
64905		Nerve pedicle transfer	90	$1,651		
64907		Nerve pedicle transfer	90	$2,369		
64999		Nervous system surgery		BR		
65091		Revise eye	90	$1,031		
65093		Revise eye with implant	90	$1,141		
65101		Removal of eye	90	$1,086		
65103		Remove eye/insert implant	90	$1,176		
65105		Remove eye/attach implant	90	$1,302		
65110		Removal of eye	90	$2,146		
65112		Remove eye, revise socket	90	$2,031		
65114		Remove eye, revise socket	90	$2,217		
65125		Revise ocular implant.	90	$435		
65130		Insert ocular implant	90	$1,126		
65135		Insert ocular implant	90	$899		
65140		Attach ocular implant	90	$992		
65150		Revise ocular implant	90	$1,147		
65155		Reinsert ocular implant	90	$1,534		
65175		Removal of ocular implant	90	$978		
65205		Remove foreign body from eye	0	$83		
65210		Remove foreign body from eye	0	$95		
65220		Remove foreign body from eye	0	$91		
65222		Remove foreign body from eye	0	$109		
65235		Remove foreign body from eye	90	$1,041	$1,041	*
65260		Remove foreign body from eye	90	$1,376		
65265		Remove foreign body from eye	90	$1,599		
65270		Repair of eye wound	10	$219		
65272		Repair of eye wound	90	$376		
65273		Repair of eye wound	90	$518		
65275		Repair of eye wound	90	$407		
65280		Repair of eye wound	90	$1,181		
65285		Repair of eye wound	90	$1,767		
65286		Repair of eye wound	90	$722		
65290		Repair of eye socket wound	90	$824		
65400		Removal of eye lesion	90	$879		
65410		Biopsy of cornea	0	$225		
65420		Removal of eye lesion	90	$600		
65426		Removal of eye lesion	90	$854		
65430		Corneal smear	0	$103		
65435		Curette/treat cornea	0	$123		
65436		Curette/treat cornea	90	$397		
65450		Treatment of corneal lesion	90	$462		
65600		Revision of cornea	90	$418		
65710		Corneal transplant	90	$2,051		
65730		Corneal transplant	90	$2,450		
65750		Corneal transplant	90	$2,557		
65755		Corneal transplant	90	$2,618		
65760		Revision of cornea		BR		
65765		Revision of cornea		BR		
65767		Corneal tissue transplant		BR		
65770		Revise cornea with implant	90	$2,200		
65771		Radial keratotomy		BR		
65772		Correction of astigmatism	90	$691		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
65775		Correction of astigmatism	90	$1,037		
65780		Ocular reconst, transplant	90	$1,486	$1,486	*
65781		Ocular reconst, transplant	90	$2,251	$2,251	*
65782		Ocular reconst, transplant	90	$1,943	$1,943	*
65800		Drainage of eye	0	$264		
65805		Drainage of eye	0	$271		
65810		Drainage of eye	90	$731		
65815		Drainage of eye	90	$671		
65820		Relieve inner eye pressure	90	$1,250		
65850		Incision of eye	90	$1,692		
65855		Laser surgery of eye	90	$985		
65860		Incise inner eye adhesions	90	$689		
65865		Incise inner eye adhesions	90	$907		
65870		Incise inner eye adhesions	90	$857		
65875		Incise inner eye adhesions	90	$903		
65880		Incise inner eye adhesions	90	$985		
65900		Remove eye lesion	90	$1,540	$1,540	*
65920		Remove implant of eye	90	$1,203	$1,203	*
65930		Remove blood clot from eye	90	$1,037	$1,037	*
66020		Injection treatment of eye	10	$340	$220	*
66030		Injection treatment of eye	10	$126		
66130		Remove eye lesion	90	$927		
66150		Glaucoma surgery	90	$1,301		
66155		Glaucoma surgery	90	$1,243		
66160		Glaucoma surgery	90	$1,473		
66165		Glaucoma surgery	90	$1,267		
66170		Glaucoma surgery	90	$1,706		
66172		Incision of eye	90	$1,873		
66180		Implant eye shunt	90	$2,166		
66185		Revise eye shunt	90	$1,290		
66220		Repair eye lesion	90	$964		
66225		Repair/graft eye lesion	90	$1,883		
66250		Follow-up surgery of eye	90	$935		
66500		Incision of iris	90	$600		
66505		Incision of iris	90	$522		
66600		Remove iris and lesion	90	$1,281		
66605		Removal of iris	90	$1,762		
66625		Removal of iris	90	$964		
66630		Removal of iris	90	$1,006		
66635		Removal of iris	90	$1,064		
66680		Repair iris & ciliary body	90	$843		
66682		Repair iris and ciliary body	90	$961		
66700		Destruction, ciliary body	90	$771		
66710		Ciliary transsleral therapy	90	$721	$627	*
66711		Ciliary endoscopic ablation	90	$948	$948	*
66720		Destruction, ciliary body	90	$806		
66740		Destruction, ciliary body	90	$828		
66761		Revision of iris	90	$854		
66762		Revision of iris	90	$992		
66770		Removal of inner eye lesion	90	$927		
66820		Incision, secondary cataract	90	$642		
66821		After cataract laser surgery	90	$637		
66825		Reposition intraocular lens	90	$1,093		
66830		Removal of lens lesion	90	$1,124		
66840		Removal of lens material	90	$1,251		
66850		Removal of lens material	90	$1,501		
66852		Removal of lens material	90	$1,806		
66920		Extraction of lens	90	$1,407		
66930		Extraction of lens	90	$1,473		
66940		Extraction of lens	90	$1,421		
66982		Cataract surgery, complex	90	$1,698	$1,698	*
66983		Remove cataract, insert lens	90	$1,771		
66984		Remove cataract, insert lens	90	$1,895		
66985		Insert lens prosthesis	90	$1,391		
66986		Exchange lens prosthesis	90	$1,743		
66990		Ophthalmic endoscope add-on	ZZZ	$162	$162	*
66999		Eye surgery procedure		BR		
67005		Partial removal of eye fluid	90	$1,793		
67010		Partial removal of eye fluid	90	$1,720		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
67015		Release of eye fluid	90	$955		
67025		Replace eye fluid	90	$959		
67027		Implant eye drug system.	90	$1,517		
67028		Injection eye drug	0	$420		
67030		Incise inner eye strands	90	$943		
67031		Laser surgery, eye strands	90	$1,118		
67036		Removal of inner eye fluid	90	$2,629		
67038		Strip retinal membrane	90	$3,736		
67039		Laser treatment of retina	90	$3,025		
67040		Laser treatment of retina	90	$3,339		
67101		Repair, detached retina	90	$1,340		
67105		Repair detached retina	90	$1,201		
67107		Repair detached retina	90	$2,249		
67108		Repair detached retina	90	$3,158		
67110		Repair detached retina	90	$1,744		
67112		Rerepair detached retina.	90	$2,424		
67115		Release, encircling material	90	$871		
67120		Remove eye implant material	90	$931		
67121		Remove eye implant material	90	$1,421		
67141		Treatment of retina	90	$961		
67145		Treatment of retina	90	$983		
67208		Treatment of retinal lesion.	90	$1,036		
67210		Treatment of retinal lesion.	90	$1,272		
67218		Treatment of retinal lesion	90	$1,893		
67220		Treatment of choroid lesion	90	$1,714	$1,614	*
67221		Ocular photodynamic ther	0	$605	$425	*
67225		Eye photodynamic ther add-on	ZZZ	$52	$50	*
67227		Treatment of retinal lesion	90	$1,120		
67228		Treatment of retinal lesion	90	$1,576		
67250		Reinforce eye wall	90	$1,115		
67255		Reinforce/graft eye wall	90	$1,697		
67299		Eye surgery procedure		BR		
67311		Revise eye muscle.....	90	$1,025		
67312		Revise two eye muscles	90	$1,256		
67314		Revise eye muscle	90	$1,268		
67316		Revise two eye muscles	90	$1,430		
67318		Revise eye muscle(s)..	90	$1,055		
67320		Revise eye muscle(s) add-on.		$986		
67331		Eye surgery follow-up add-on.		$902		
67332		Rerevise eye muscles add-on.		$1,005		
67334		Revise eye muscle w/ suture.		$746		
67335		Eye suture during surgery.		$412		
67340		Revise eye muscle add- on.		$929		
67343		Release eye tissue	90	$930		
67345		Destroy nerve of eye muscle	10	$381		
67350		Biopsy eye muscle	0	$382		
67399		Eye muscle surgery procedure		BR		
67400		Explore/biopsy eye socket.	90	$1,514		
67405		Explore/drain eye socket	90	$1,245		
67412		Explore/treat eye socket	90	$1,523		
67413		Explore/treat eye socket	90	$1,304		
67414		Explore/decompress eye socke	90	$1,337		
67415		Aspiration orbital contents	0	$276		
67420		Explore/treat eye socket	90	$2,212		
67430		Explore/treat eye socket	90	$1,698		
67440		Explore/drain eye socket	90	$2,075		
67445		Explore/decompress eye socke	90	$1,774		
67450		Explore/biopsy eye socket	90	$2,050		
67500		Inject/treat eye socket	0	$112		
67505		Inject/treat eye socket	0	$136		
67515		Inject/treat eye socket	0	$87	$72	*
67550		Insert eye socket implant	90	$1,417		
67560		Revise eye socket implant	90	$1,337		
67570		Decompress optic nerve	90	$1,449		
67599		Orbit surgery procedure		BR		
67700		Drainage of eyelid abscess	10	$129		
67710		Incision of eyelid	10	$145		
67715		Incision of eyelid fold	10	$195		
67800		Remove eyelid lesion	10	$166		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
67801		Remove eyelid lesions	10	$236		
67805		Remove eyelid lesions	10	$257		
67808		Remove eyelid lesion(s)	90	$411		
67810		Biopsy of eyelid	0	$166		
67820		Revise eyelashes	0	$91		
67825		Revise eyelashes.....	10	$236		
67830		Revise eyelashes	10	$322		
67835		Revise eyelashes	90	$962		
67840		Remove eyelid lesion	10	$232		
67850		Treat eyelid lesion	10	$178		
67875		Closure of eyelid by suture	0	$235		
67880		Revision of eyelid	90	$546		
67882		Revision of eyelid	90	$796		
67900		Repair brow defect	90	$603		
67901		Repair eyelid defect	90	$1,178		
67902		Repair eyelid defect	90	$1,228		
67903		Repair eyelid defect	90	$1,254		
67904		Repair eyelid defect	90	$1,215		
67906		Repair eyelid defect	90	$882		
67908		Repair eyelid defect	90	$1,013		
67909		Revise eyelid defect	90	$903		
67911		Revise eyelid defect	90	$1,092		
67912		Correction eyelid w/implant	90	$1,764	$814	*
67914		Repair eyelid defect	90	$704		
67915		Repair eyelid defect	90	$313		
67916		Repair eyelid defect	90	$968	$734	*
67917		Repair eyelid defect	90	$1,051	$811	*
67921		Repair eyelid defect	90	$520		
67922		Repair eyelid defect	90	$300		
67923		Repair eyelid defect	90	$1,014	$791	*
67924		Repair eyelid defect	90	$1,065	$764	*
67930		Repair eyelid wound	10	$348		
67935		Repair eyelid wound	90	$715		
67938		Remove eyelid foreign body	10	$130		
67950		Revision of eyelid	90	$943		
67961		Revision of eyelid	90	$938		
67966		Revision of eyelid	90	$1,162		
67971		Reconstruction of eyelid	90	$1,479		
67973		Reconstruction of eyelid	90	$1,914		
67974		Reconstruction of eyelid	90	$1,947		
67975		Reconstruction of eyelid	90	$941		
67999		Eyelid surgery procedure		BR		
68020		Incise/drain eyelid lining	10	$132		
68040		Treatment of eyelid lesions	0	$94		
68100		Biopsy of eyelid lining	0	$171		
68110		Remove eyelid lining lesion	10	$215		
68115		Remove eyelid lining lesion	10	$308		
68130		Remove eyelid lining lesion	90	$642		
68135		Remove eyelid lining lesion	10	$182		
68200		Treat eyelid by injection	0	$75		
68320		Revise/graft eyelid lining	90	$882		
68325		Revise/graft eyelid lining	90	$1,198		
68326		Revise/graft eyelid lining	90	$1,124		
68328		Revise/graft eyelid lining	90	$1,377		
68330		Revise eyelid lining	90	$767		
68335		Revise/graft eyelid lining	90	$1,259		
68340		Separate eyelid adhesions	90	$511		
68360		Revise eyelid lining	90	$703		
68362		Revise eyelid lining	90	$1,088		
68371		Harvest eye tissue, alograft	10	$713	$713	*
68399		Eyelid lining surgery		BR		
68400		Incise/drain tear gland	10	$192		
68420		Incise/drain tear sac	10	$236		
68440		Incise tear duct opening	10	$120		
68500		Removal of tear gland	90	$1,333		
68505		Partial removal tear gland	90	$1,386		
68510		Biopsy of tear gland	0	$607		
68520		Removal of tear sac	90	$1,184		
68525		Biopsy of tear sac	0	$591		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
68530		Clearance of tear duct	10	$469		
68540		Remove tear gland lesion	90	$1,339		
68550		Remove tear gland lesion	90	$1,752		
68700		Repair tear ducts	90	$640		
68705		Revise tear duct opening	10	$218		
68720		Create tear sac drain	90	$1,407		
68745		Create tear duct drain	90	$1,079		
68750		Create tear duct drain	90	$1,570		
68760		Close tear duct opening	10	$187		
68761		Close tear duct opening	10	$161		
68770		Close tear system fistula	90	$785		
68801		Dilate tear duct opening.	10	$170		
68810		Probe nasolacrimal duct.	10	$269		
68811		Probe nasolacrimal duct.	10	$298		
68815		Probe nasolacrimal duct.	10	$446		
68840		Explore/irrigate tear ducts	10	$124		
68850		Injection for tear sac x-ray	0	$96		
68899		Tear duct system surgery		BR		
69000		Drain external ear lesion	10	$126		
69005		Drain external ear lesion	10	$237		
69020		Drain outer ear canal lesion	10	$136		
69090		Pierce earlobes		BR		
69100		Biopsy of external ear	0	$106		
69105		Biopsy of external ear canal	0	$124		
69110		Partial removal external ear	90	$449		
69120		Removal of external ear	90	$340		
69140		Remove ear canal lesion(s)	90	$1,173		
69145		Remove ear canal lesion(s)	90	$378		
69150		Extensive ear canal surgery	90	$1,750		
69155		Extensive ear/neck surgery	90	$2,447		
69200		Clear outer ear canal	0	$87		
69205		Clear outer ear canal	10	$165		
69210		Remove impacted ear wax	0	$61		
69220		Clean out mastoid cavity	0	$98		
69222		Clean out mastoid cavity	10	$154		
69300		Revise external ear		BR		
69310		Rebuild outer ear canal	90	$1,979	$1,979	*
69320		Rebuild outer ear canal	90	$2,329		
69399		Outer ear surgery procedure		BR		
69400		Inflate middle ear canal	0	$94		
69401		Inflate middle ear canal	0	$65		
69405		Catheterize middle ear canal	10	$220		
69410		Inset middle ear baffle	0	$71		
69420		Incision of eardrum	10	$145		
69421		Incision of eardrum	10	$209		
69424		Remove ventilating tube	0	$220	$113	*
69433		Create eardrum opening	10	$209		
69436		Create eardrum opening	10	$302		
69440		Exploration of middle ear	90	$1,199		
69450		Eardrum revision	90	$1,132		
69501		Mastoidectomy	90	$1,478		
69502		Mastoidectomy	90	$1,895		
69505		Remove mastoid structures	90	$2,156		
69511		Extensive mastoid surgery	90	$2,245		
69530		Extensive mastoid surgery	90	$2,582		
69535		Remove part of temporal bone	90	$4,432		
69540		Remove ear lesion	10	$181		
69550		Remove ear lesion	90	$2,061		
69552		Remove ear lesion	90	$2,650		
69554		Remove ear lesion	90	$3,630		
69601		Mastoid surgery revision	90	$2,008		
69602		Mastoid surgery revision	90	$2,208		
69603		Mastoid surgery revision	90	$2,323		
69604		Mastoid surgery revision	90	$2,765		
69605		Mastoid surgery revision	90	$2,467		
69610		Repair of eardrum	10	$383		
69620		Repair of eardrum	90	$1,170		
69631		Repair eardrum structures	90	$1,761		
69632		Rebuild eardrum structures	90	$2,126		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
69633		Rebuild eardrum structures	90	$2,056		
69635		Repair eardrum structures	90	$2,237		
69636		Rebuild eardrum structures	90	$2,551		
69637		Rebuild eardrum structures	90	$2,565		
69641		Revise middle ear & mastoid	90	$2,157		
69642		Revise middle ear & mastoid	90	$2,775		
69643		Revise middle ear & mastoid	90	$2,672		
69644		Revise middle ear & mastoid	90	$2,968		
69645		Revise middle ear & mastoid	90	$2,826		
69646		Revise middle ear & mastoid	90	$2,953		
69650		Release middle ear bone	90	$1,610		
69660		Revise middle ear bone	90	$2,055		
69661		Revise middle ear bone	90	$2,527		
69662		Revise middle ear bone	90	$2,478		
69666		Repair middle ear structures	90	$1,807		
69667		Repair middle ear structures	90	$1,783		
69670		Remove mastoid air cells	90	$1,579		
69676		Remove middle ear nerve	90	$1,318		
69700		Close mastoid fistula	90	$1,181		
69710		Implant/replace hearing aid		BR		
69711		Remove/repair hearing aid	90	$1,345		
69714		Implant temple bone w/stimul	90	$1,969	$1,969	*
69715		Temple bne implnt w/stimulat	90	$2,461	$2,461	*
69717		Temple bone implant revision	90	$2,150	$2,150	*
69718		Revise temple bone implant	90	$2,619	$2,619	*
69720		Release facial nerve	90	$2,449		
69725		Release facial nerve	90	$2,488		
69740		Repair facial nerve	90	$2,047		
69745		Repair facial nerve	90	$2,378		
69799		Middle ear surgery procedure		BR		
69801		Incise inner ear.....	90	$1,388		
69802		Incise inner ear	90	$1,763		
69805		Explore inner ear	90	$2,047		
69806		Explore inner ear	90	$2,450		
69820		Establish inner ear window	90	$1,415		
69840		Revise inner ear window	90	$1,349		
69905		Remove inner ear	90	$2,070		
69910		Remove inner ear & mastoid	90	$2,541		
69915		Incise inner ear nerve	90	$2,805		
69930		Implant cochlear device	90	$3,188		
69949		Inner ear surgery procedure		BR		
69950		Incise inner ear nerve	90	$2,935		
69955		Release facial nerve	90	$3,161		
69960		Release inner ear canal	90	$2,798		
69970		Remove inner ear lesion	90	$3,133		
69979		Temporal bone surgery		BR		
69990		Microsurgery add-on	ZZZ	$431	$431	*
70010		Contrast x-ray of brain		$438		
70010	26	Contrast x-ray of brain		$127		
70010	TC	Contrast x-ray of brain		$311		
70015		Contrast x-ray of brain		$224		
70015	26	Contrast x-ray of brain		$127		
70015	TC	Contrast x-ray of brain		$98		
70030		X-ray eye for foreign body		$49		
70030	26	X-ray eye for foreign body		$19		
70030	TC	X-ray eye for foreign body		$31		
70100		X-ray exam of jaw		$58		
70100	26	X-ray exam of jaw		$20		
70100	TC	X-ray exam of jaw		$38		
70110		X-ray exam of jaw		$73		
70110	26	X-ray exam of jaw		$28		
70110	TC	X-ray exam of jaw		$45		
70120		X-ray exam of mastoids		$65		
70120	26	X-ray exam of mastoids		$20		
70120	TC	X-ray exam of mastoids		$45		
70130		X-ray exam of mastoids		$94		
70130	26	X-ray exam of mastoids		$37		
70130	TC	X-ray exam of mastoids		$57		
70134		X-ray exam of middle ear		$90		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
70134	26	X-ray exam of middle ear		$37		
70134	TC	X-ray exam of middle ear		$54		
70140		X-ray exam of facial bones		$66		
70140	26	X-ray exam of facial bones		$21		
70140	TC	X-ray exam of facial bones		$45		
70150		X-ray exam of facial bones		$85		
70150	26	X-ray exam of facial bones		$28		
70150	TC	X-ray exam of facial bones		$57		
70160		X-ray exam of nasal bones		$56		
70160	26	X-ray exam of nasal bones		$19		
70160	TC	X-ray exam of nasal bones		$38		
70170		X-ray exam of tear duct		$101		
70170	26	X-ray exam of tear duct		$33		
70170	TC	X-ray exam of tear duct		$68		
70190		X-ray exam of eye sockets		$68		
70190	26	X-ray exam of eye sockets		$23		
70190	TC	X-ray exam of eye sockets		$45		
70200		X-ray exam of eye sockets		$87		
70200	26	X-ray exam of eye sockets		$31		
70200	TC	X-ray exam of eye sockets		$57		
70210		X-ray exam of sinuses		$63		
70210	26	X-ray exam of sinuses		$19		
70210	TC	X-ray exam of sinuses		$45		
70220		X-ray exam of sinuses		$84		
70220	26	X-ray exam of sinuses		$28		
70220	TC	X-ray exam of sinuses		$57		
70240		X-ray exam pituitary saddle		$51		
70240	26	X-ray exam pituitary saddle		$21		
70240	TC	X-ray exam pituitary saddle		$31		
70250		X-ray exam of skull		$70	$70	*
70250	26	X-ray exam of skull		$23	$23	*
70250	TC	X-ray exam of skull		$47	$47	*
70260		X-ray exam of skull		$101	$101	*
70260	26	X-ray exam of skull		$33	$33	*
70260	TC	X-ray exam of skull		$67	$67	*
70300		X-ray exam of teeth		$31		
70300	26	X-ray exam of teeth		$12		
70300	TC	X-ray exam of teeth		$19		
70310		X-ray exam of teeth		$47		
70310	26	X-ray exam of teeth		$17		
70310	TC	X-ray exam of teeth		$31		
70320		Full mouth x-ray of teeth		$81		
70320	26	Full mouth x-ray of teeth		$24		
70320	TC	Full mouth x-ray of teeth		$57		
70328		X-ray exam of jaw joint		$56		
70328	26	X-ray exam of jaw joint		$20		
70328	TC	X-ray exam of jaw joint		$36		
70330		X-ray exam of jaw joints		$87		
70330	26	X-ray exam of jaw joints		$26		
70330	TC	X-ray exam of jaw joints		$61		
70332		X-ray exam of jaw joint		$210		
70332	26	X-ray exam of jaw joint		$59		
70332	TC	X-ray exam of jaw joint		$151		
70336		Magnetic image, jaw joint		$980	$980	*
70336	26	Magnetic image, jaw joint		$145	$145	*
70336	TC	Magnetic image, jaw joint		$836	$836	*
70350		X-ray head for orthodontia		$45		
70350	26	X-ray head for orthodontia		$19		
70350	TC	X-ray head for orthodontia		$27		
70355		Panoramic x-ray of jaws		$63		
70355	26	Panoramic x-ray of jaws		$21		
70355	TC	Panoramic x-ray of jaws		$42		
70360		X-ray exam of neck		$49		
70360	26	X-ray exam of neck		$19		
70360	TC	X-ray exam of neck		$31		
70370		Throat x-ray & fluoroscopy		$128		
70370	26	Throat x-ray & fluoroscopy		$35		
70370	TC	Throat x-ray & fluoroscopy		$94		
70371		Speech evaluation, complex		$241		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
70371	26	Speech evaluation, complex		$91		
70371	TC	Speech evaluation, complex		$151		
70373		Contrast x-ray of larynx		$175		
70373	26	Contrast x-ray of larynx		$47		
70373	TC	Contrast x-ray of larynx		$129		
70380		X-ray exam of salivary gland		$67		
70380	26	X-ray exam of salivary gland		$19		
70380	TC	X-ray exam of salivary gland		$49		
70390		X-ray exam of salivary duct		$169		
70390	26	X-ray exam of salivary duct		$41		
70390	TC	X-ray exam of salivary duct		$129		
70450		Ct head/brain w/o dye		$435	$435	*
70450	26	Ct head/brain w/o dye		$83	$83	*
70450	TC	Ct head/brain w/o dye		$352	$352	*
70460		Contrast cat scan of head		$528		
70460	26	Contrast cat scan of head		$122		
70460	TC	Contrast cat scan of head		$406		
70470		Contrast cat scans of head		$643		
70470	26	Contrast cat scans of head		$136		
70470	TC	Contrast cat scans of head		$507		
70480		Ct orbit/ear/fossa w/o dye		$477	$477	*
70480	26	Ct orbit/ear/fossa w/o dye		$125	$125	*
70480	TC	Ct orbit/ear/fossa w/o dye		$352	$352	*
70481		Contrast cat scan of skull		$554		
70481	26	Contrast cat scan of skull		$148		
70481	TC	Contrast cat scan of skull		$406		
70482		Contrast cat scans of skull		$663		
70482	26	Contrast cat scans of skull		$156		
70482	TC	Contrast cat scans of skull		$507		
70486		Ct maxillofacial w/o dye		$463	$463	*
70486	26	Ct maxillofacial w/o dye		$111	$111	*
70486	TC	Ct maxillofacial w/o dye		$352	$352	*
70487		Contrast cat scan, face/jaw		$545		
70487	26	Contrast cat scan, face/jaw		$139		
70487	TC	Contrast cat scan, face/jaw		$406		
70488		Contrast cat scans face/jaw		$660		
70488	26	Contrast cat scans face/jaw		$153		
70488	TC	Contrast cat scans face/jaw		$507		
70490		Ct soft tissue neck w/o dye		$477	$477	*
70490	26	Ct soft tissue neck w/o dye		$125	$125	*
70490	TC	Ct soft tissue neck w/o dye		$352	$352	*
70491		Contrast cat of neck tissue		$554		
70491	26	Contrast cat of neck tissue		$148		
70491	TC	Contrast cat of neck tissue		$406		
70492		Contrast cat of neck tissue		$663		
70492	26	Contrast cat of neck tissue		$156		
70492	TC	Contrast cat of neck tissue		$507		
70496		Ct angiography, head		$963	$963	*
70496	26	Ct angiography, head		$170	$170	*
70496	TC	Ct angiography, head		$793	$793	*
70498		Ct angiography, neck		$963	$963	*
70498	26	Ct angiography, neck		$170	$170	*
70498	TC	Ct angiography, neck		$793	$793	*
70540		Mri orbit/face/neck w/o dye		$953	$953	*
70540	26	Mri orbit/face/neck w/o dye		$131	$131	*
70540	TC	Mri orbit/face/neck w/o dye		$822	$822	*
70542		Mri orbit/face/neck w/dye		$1,143	$1,143	*
70542	26	Mri orbit/face/neck w/dye		$157	$157	*
70542	TC	Mri orbit/face/neck w/dye		$986	$986	*
70543		Mri orbt/fac/nck w/o & w/dye		$2,033	$2,033	*
70543	26	Mri orbt/fac/nck w/o & w/dye		$210	$210	*
70543	TC	Mri orbt/fac/nck w/o & w/dye		$1,823	$1,823	*
70544		Mr angiography head w/o dye		$953	$953	*
70544	26	Mr angiography head w/o dye		$117	$117	*
70544	TC	Mr angiography head w/o dye		$836	$836	*
70545		Mr angiography head w/dye		$952	$952	*
70545	26	Mr angiography head w/dye		$116	$116	*
70545	TC	Mr angiography head w/dye		$836	$836	*
70546		Mr angiograph head		$1,806	$1,806	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
		w/o&w/dye				
70546	26	Mr angiograph head w/o&w/dye		$175	$175	*
70546	TC	Mr angiograph head w/o&w/dye		$1,630	$1,630	*
70547		Mr angiography neck w/o dye		$952	$952	*
70547	26	Mr angiography neck w/o dye		$116	$116	*
70547	TC	Mr angiography neck w/o dye		$836	$836	*
70548		Mr angiography neck w/dye		$952	$952	*
70548	26	Mr angiography neck w/dye		$116	$116	*
70548	TC	Mr angiography neck w/dye		$836	$836	*
70549		Mr angiograph neck w/o&w/dye		$1,806	$1,806	*
70549	26	Mr angiograph neck w/o&w/dye		$175	$175	*
70549	TC	Mr angiograph neck w/o&w/dye		$1,630	$1,630	*
70551		Magnetic image, brain (mri)		$963		
70551	26	Magnetic image, brain (mri)		$159		
70551	TC	Magnetic image, brain (mri)		$804		
70552		Magnetic image, brain (mri)		$1,155		
70552	26	Magnetic image, brain (mri)		$192		
70552	TC	Magnetic image, brain (mri)		$964		
70553		Magnetic image, brain		$2,039		
70553	26	Magnetic image, brain		$255		
70553	TC	Magnetic image, brain		$1,785		
70557		Mri brain w/o dye		BR	BR	*
70557	26	Mri brain w/o dye		$291	$291	*
70557	TC	Mri brain w/o dye		BR	BR	*
70558		Mri brain w/dye		BR	BR	*
70558	26	Mri brain w/dye		$322	$322	*
70558	TC	Mri brain w/dye		BR	BR	*
70559		Mri brain w/o & w/dye		BR	BR	*
70559	26	Mri brain w/o & w/dye		$323	$323	*
70559	TC	Mri brain w/o & w/dye		BR	BR	*
71010		Chest x-ray		$54		
71010	26	Chest x-ray		$19		
71010	TC	Chest x-ray		$35		
71015		X-ray exam of chest		$61		
71015	26	X-ray exam of chest		$23		
71015	TC	X-ray exam of chest		$38		
71020		Chest x-ray		$68		
71020	26	Chest x-ray		$24		
71020	TC	Chest x-ray		$45		
71021		Chest x-ray		$82		
71021	26	Chest x-ray		$29		
71021	TC	Chest x-ray		$54		
71022		Chest x-ray		$87		
71022	26	Chest x-ray		$33		
71022	TC	Chest x-ray		$54		
71023		Chest x-ray and fluoroscopy		$98		
71023	26	Chest x-ray and fluoroscopy		$41		
71023	TC	Chest x-ray and fluoroscopy		$57		
71030		Chest x-ray		$90		
71030	26	Chest x-ray		$33		
71030	TC	Chest x-ray		$57		
71034		Chest x-ray & fluoroscopy		$154		
71034	26	Chest x-ray & fluoroscopy		$50		
71034	TC	Chest x-ray & fluoroscopy		$104		
71035		Chest x-ray		$57		
71035	26	Chest x-ray		$19		
71035	TC	Chest x-ray		$38		
71040		Contrast x-ray of bronchi		$168		
71040	26	Contrast x-ray of bronchi		$63		
71040	TC	Contrast x-ray of bronchi		$105		
71060		Contrast x-ray of bronchi		$238		
71060	26	Contrast x-ray of bronchi		$80		
71060	TC	Contrast x-ray of bronchi		$159		
71090		X-ray & pacemaker insertion		$180		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
71090	26	X-ray & pacemaker insertion		$59		
71090	TC	X-ray & pacemaker insertion		$122		
71100		X-ray exam of ribs		$66		
71100	26	X-ray exam of ribs		$24		
71100	TC	X-ray exam of ribs		$42		
71101		X-ray exam of ribs, chest		$78		
71101	26	X-ray exam of ribs, chest		$30		
71101	TC	X-ray exam of ribs, chest		$49		
71110		X-ray exam of ribs		$87		
71110	26	X-ray exam of ribs		$30		
71110	TC	X-ray exam of ribs		$57		
71111		X-ray exam of ribs, chest		$99		
71111	26	X-ray exam of ribs, chest		$35		
71111	TC	X-ray exam of ribs, chest		$65		
71120		X-ray exam of breastbone		$68		
71120	26	X-ray exam of breastbone		$21		
71120	TC	X-ray exam of breastbone		$47		
71130		X-ray exam of breastbone		$74		
71130	26	X-ray exam of breastbone		$24		
71130	TC	X-ray exam of breastbone		$51		
71250		Ct thorax w/o dye		$554	$554	*
71250	26	Ct thorax w/o dye		$113	$113	*
71250	TC	Ct thorax w/o dye		$441	$441	*
71260		Contrast cat scan of chest		$640		
71260	26	Contrast cat scan of chest		$133		
71260	TC	Contrast cat scan of chest		$507		
71270		Contrast cat scans of chest		$782		
71270	26	Contrast cat scans of chest		$148		
71270	TC	Contrast cat scans of chest		$634		
71275		Ct angiography, chest		$1,092	$1,092	*
71275	26	Ct angiography, chest		$187	$187	*
71275	TC	Ct angiography, chest		$905	$905	*
71550		Mri chest w/o dye		$968	$968	*
71550	26	Mri chest w/o dye		$142	$142	*
71550	TC	Mri chest w/o dye		$826	$826	*
71551		Mri chest w/dye		$1,158	$1,158	*
71551	26	Mri chest w/dye		$169	$169	*
71551	TC	Mri chest w/dye		$990	$990	*
71552		Mri chest w/o & w/dye		$2,032	$2,032	*
71552	26	Mri chest w/o & w/dye		$220	$220	*
71552	TC	Mri chest w/o & w/dye		$1,812	$1,812	*
71555		Magnetic imaging/chest (mra)		$991		
71555	26	Magnetic imaging/chest (mra)		$187		
71555	TC	Magnetic imaging/chest (mra)		$804		
72010		X-ray exam of spine		$122		
72010	26	X-ray exam of spine		$48		
72010	TC	X-ray exam of spine		$74		
72020		X-ray exam of spine		$47		
72020	26	X-ray exam of spine		$17		
72020	TC	X-ray exam of spine		$31		
72040		X-ray exam of neck spine		$67	$67	*
72040	26	X-ray exam of neck spine		$21	$21	*
72040	TC	X-ray exam of neck spine		$45	$45	*
72050		X-ray exam of neck spine		$98		
72050	26	X-ray exam of neck spine		$33		
72050	TC	X-ray exam of neck spine		$65		
72052		X-ray exam of neck spine		$120		
72052	26	X-ray exam of neck spine		$39		
72052	TC	X-ray exam of neck spine		$82		
72069		X-ray exam of trunk spine		$59		
72069	26	X-ray exam of trunk spine		$24		
72069	TC	X-ray exam of trunk spine		$36		
72070		X-ray exam of thoracic spine		$70	$70	*
72070	26	X-ray exam of thoracic spine		$21	$21	*
72070	TC	X-ray exam of thoracic spine		$49	$49	*
72072		X-ray exam of thoracic spine		$77	$77	*
72072	26	X-ray exam of thoracic spine		$21	$21	*
72072	TC	X-ray exam of thoracic spine		$55	$55	*
72074		X-ray exam of thoracic spine		$90	$90	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
72074	26	X-ray exam of thoracic spine		$21	$21	*
72074	TC	X-ray exam of thoracic spine		$69	$69	*
72080		X-ray exam of trunk spine		$72	$72	*
72080	26	X-ray exam of trunk spine		$21	$21	*
72080	TC	X-ray exam of trunk spine		$50	$50	*
72090		X-ray exam of trunk spine		$79		
72090	26	X-ray exam of trunk spine		$31		
72090	TC	X-ray exam of trunk spine		$49		
72100		X-ray exam of lower spine		$72	$72	*
72100	26	X-ray exam of lower spine		$21	$21	*
72100	TC	X-ray exam of lower spine		$50	$50	*
72110		X-ray exam of lower spine		$99	$99	*
72110	26	X-ray exam of lower spine		$30	$30	*
72110	TC	X-ray exam of lower spine		$69	$69	*
72114		X-ray exam of lower spine		$124		
72114	26	X-ray exam of lower spine		$39		
72114	TC	X-ray exam of lower spine		$85		
72120		X-ray exam of lower spine		$88		
72120	26	X-ray exam of lower spine		$24		
72120	TC	X-ray exam of lower spine		$65		
72125		Ct neck spine w/o dye		$554	$554	*
72125	26	Ct neck spine w/o dye		$113	$113	*
72125	TC	Ct neck spine w/o dye		$441	$441	*
72126		Contrast cat scan of neck		$637		
72126	26	Contrast cat scan of neck		$130		
72126	TC	Contrast cat scan of neck		$507		
72127		Contrast cat scans of neck		$770		
72127	26	Contrast cat scans of neck		$136		
72127	TC	Contrast cat scans of neck		$634		
72128		Ct chest spine w/o dye		$554	$554	*
72128	26	Ct chest spine w/o dye		$113	$113	*
72128	TC	Ct chest spine w/o dye		$441	$441	*
72129		Contrast cat scan of thorax		$637		
72129	26	Contrast cat scan of thorax		$130		
72129	TC	Contrast cat scan of thorax		$507		
72130		Contrast cat scans of thorax		$770		
72130	26	Contrast cat scans of thorax		$136		
72130	TC	Contrast cat scans of thorax		$634		
72131		Ct lumbar spine w/o dye		$554	$554	*
72131	26	Ct lumbar spine w/o dye		$113	$113	*
72131	TC	Ct lumbar spine w/o dye		$441	$441	*
72132		Contrast cat of lower spine		$637		
72132	26	Contrast cat of lower spine		$130		
72132	TC	Contrast cat of lower spine		$507		
72133		Contrast cat scans,low spine		$770		
72133	26	Contrast cat scans,low spine		$136		
72133	TC	Contrast cat scans,low spine		$634		
72141		Magnetic image, neck spine		$976		
72141	26	Magnetic image, neck spine		$173		
72141	TC	Magnetic image, neck spine		$804		
72142		Magnetic image, neck spine		$1,170		
72142	26	Magnetic image, neck spine		$206		
72142	TC	Magnetic image, neck spine		$964		
72146		Magnetic image, chest spine		$1,064		
72146	26	Magnetic image, chest spine		$173		
72146	TC	Magnetic image, chest spine		$892		
72147		Magnetic image, chest spine		$1,170		
72147	26	Magnetic image, chest spine		$206		
72147	TC	Magnetic image, chest spine		$964		
72148		Magnetic image, lumbar spine		$1,051		
72148	26	Magnetic image, lumbar spine		$159		
72148	TC	Magnetic image, lumbar spine		$892		
72149		Magnetic image, lumbar spine		$1,155		
72149	26	Magnetic image, lumbar spine		$192		
72149	TC	Magnetic image, lumbar spine		$964		
72156		Magnetic image, neck spine		$2,060		
72156	26	Magnetic image, neck spine		$276		
72156	TC	Magnetic image, neck spine		$1,785		
72157		Magnetic image, chest spine		$2,060		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
72157	26	Magnetic image, chest spine		$276		
72157	TC	Magnetic image, chest spine		$1,785		
72158		Magnetic image, lumbar spine		$2,039		
72158	26	Magnetic image, lumbar spine		$255		
72158	TC	Magnetic image, lumbar spine		$1,785		
72159		Magnetic imaging/spine (mra)		$1,074		
72159	26	Magnetic imaging/spine (mra)		$182		
72159	TC	Magnetic imaging/spine (mra)		$892		
72170		X-ray exam of pelvis		$55	$55	*
72170	26	X-ray exam of pelvis		$17	$17	*
72170	TC	X-ray exam of pelvis		$38	$38	*
72190		X-ray exam of pelvis		$71		
72190	26	X-ray exam of pelvis		$23		
72190	TC	X-ray exam of pelvis		$49		
72191		Ct angiograph pelv w/o&w/dye		$1,057	$1,057	*
72191	26	Ct angiograph pelv w/o&w/dye		$177	$177	*
72191	TC	Ct angiograph pelv w/o&w/dye		$880	$880	*
72192		Ct pelvis w/o dye		$547	$547	*
72192	26	Ct pelvis w/o dye		$106	$106	*
72192	TC	Ct pelvis w/o dye		$441	$441	*
72193		Contrast cat scan of pelvis		$614		
72193	26	Contrast cat scan of pelvis		$124		
72193	TC	Contrast cat scan of pelvis		$490		
72194		Contrast cat scans of pelvis		$738		
72194	26	Contrast cat scans of pelvis		$130		
72194	TC	Contrast cat scans of pelvis		$609		
72195		Mri pelvis w/o dye		$968	$968	*
72195	26	Mri pelvis w/o dye		$142	$142	*
72195	TC	Mri pelvis w/o dye		$826	$826	*
72196		Mri pelvis w/dye		$1,158	$1,158	*
72196	26	Mri pelvis w/dye		$169	$169	*
72196	TC	Mri pelvis w/dye		$990	$990	*
72197		Mri pelvis w/o & w/dye		$2,049	$2,049	*
72197	26	Mri pelvis w/o & w/dye		$220	$220	*
72197	TC	Mri pelvis w/o & w/dye		$1,829	$1,829	*
72198		Magnetic imaging/pelvis(mra)		$990		
72198	26	Magnetic imaging/pelvis(mra)		$187		
72198	TC	Magnetic imaging/pelvis(mra)		$804		
72200		X-ray exam sacroiliac joints		$56		
72200	26	X-ray exam sacroiliac joints		$19		
72200	TC	X-ray exam sacroiliac joints		$38		
72202		X-ray exam sacroiliac joints		$66		
72202	26	X-ray exam sacroiliac joints		$21		
72202	TC	X-ray exam sacroiliac joints		$45		
72220		X-ray exam of tailbone		$60		
72220	26	X-ray exam of tailbone		$19		
72220	TC	X-ray exam of tailbone		$42		
72240		Contrast x-ray of neck spine		$438		
72240	26	Contrast x-ray of neck spine		$98		
72240	TC	Contrast x-ray of neck spine		$341		
72255		Contrast x-ray thorax spine		$409		
72255	26	Contrast x-ray thorax spine		$98		
72255	TC	Contrast x-ray thorax spine		$311		
72265		Contrast x-ray lower spine		$382		
72265	26	Contrast x-ray lower spine		$90		
72265	TC	Contrast x-ray lower spine		$292		
72270		Contrast x-ray, spine		$584	$584	*
72270	26	Contrast x-ray, spine		$128	$128	*
72270	TC	Contrast x-ray, spine		$456	$456	*
72275		Epidurography.....		BR		
72275	26	Epidurography.....		BR		
72275	TC	Epidurography.....		BR		
72285		X-ray c/t spine disk..		$712		
72285	26	X-ray c/t spine disk..		$87		
72285	TC	X-ray c/t spine disk..		$626		
72295		X-ray of lower spine disk		$653		
72295	26	X-ray of lower spine disk		$90		
72295	TC	X-ray of lower spine disk		$563		
73000		X-ray exam of collarbone		$55		

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73000	26	X-ray exam of collarbone		$17		
73000	TC	X-ray exam of collarbone		$38		
73010		X-ray exam of shoulder blade		$56		
73010	26	X-ray exam of shoulder blade		$19		
73010	TC	X-ray exam of shoulder blade		$38		
73020		X-ray exam of shoulder		$51		
73020	26	X-ray exam of shoulder		$17		
73020	TC	X-ray exam of shoulder		$35		
73030		X-ray exam of shoulder		$61		
73030	26	X-ray exam of shoulder		$19		
73030	TC	X-ray exam of shoulder		$42		
73040		Contrast x-ray of shoulder		$210		
73040	26	Contrast x-ray of shoulder		$59		
73040	TC	Contrast x-ray of shoulder		$151		
73050		X-ray exam of shoulders		$70		
73050	26	X-ray exam of shoulders		$21		
73050	TC	X-ray exam of shoulders		$49		
73060		X-ray exam of humerus		$60		
73060	26	X-ray exam of humerus		$19		
73060	TC	X-ray exam of humerus		$42		
73070		X-ray exam of elbow		$53	$53	*
73070	26	X-ray exam of elbow		$15	$15	*
73070	TC	X-ray exam of elbow		$38	$38	*
73080		X-ray exam of elbow		$60		
73080	26	X-ray exam of elbow		$19		
73080	TC	X-ray exam of elbow		$42		
73085		Contrast x-ray of elbow		$210		
73085	26	Contrast x-ray of elbow		$59		
73085	TC	Contrast x-ray of elbow		$151		
73090		X-ray exam of forearm		$54	$54	*
73090	26	X-ray exam of forearm		$16	$16	*
73090	TC	X-ray exam of forearm		$38	$38	*
73092		X-ray exam of arm, infant		$53		
73092	26	X-ray exam of arm, infant		$17		
73092	TC	X-ray exam of arm, infant		$36		
73100		X-ray exam of wrist		$52	$52	*
73100	26	X-ray exam of wrist		$16	$16	*
73100	TC	X-ray exam of wrist		$36	$36	*
73110		X-ray exam of wrist		$57		
73110	26	X-ray exam of wrist		$19		
73110	TC	X-ray exam of wrist		$39		
73115		Contrast x-ray of wrist		$173		
73115	26	Contrast x-ray of wrist		$59		
73115	TC	Contrast x-ray of wrist		$114		
73120		X-ray exam of hand		$53		
73120	26	X-ray exam of hand		$17		
73120	TC	X-ray exam of hand		$36		
73130		X-ray exam of hand		$57		
73130	26	X-ray exam of hand		$19		
73130	TC	X-ray exam of hand		$39		
73140		X-ray exam of finger(s).		$45		
73140	26	X-ray exam of finger(s).		$14		
73140	TC	X-ray exam of finger(s).		$31		
73200		Ct upper extremity w/o dye		$476	$476	*
73200	26	Ct upper extremity w/o dye		$106	$106	*
73200	TC	Ct upper extremity w/o dye		$369	$369	*
73201		Contrast cat scan of arm		$548		
73201	26	Contrast cat scan of arm		$124		
73201	TC	Contrast cat scan of arm		$424		
73202		Contrast cat scans of arm		$663		
73202	26	Contrast cat scans of arm		$130		
73202	TC	Contrast cat scans of arm		$533		
73206		Ct angio upr extrm w/o&w/dye		$980	$980	*
73206	26	Ct angio upr extrm w/o&w/dye		$176	$176	*
73206	TC	Ct angio upr extrm w/o&w/dye		$805	$805	*
73218		Mri upper extremity w/o dye		$953	$953	*
73218	26	Mri upper extremity w/o dye		$131	$131	*
73218	TC	Mri upper extremity w/o dye		$822	$822	*
73219		Mri upper extremity w/dye		$1,144	$1,144	*

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73219	26	Mri upper extremity w/dye		$158	$158	*
73219	TC	Mri upper extremity w/dye		$986	$986	*
73220		Mri uppr extremity w/o&w/dye		$2,033	$2,033	*
73220	26	Mri uppr extremity w/o&w/dye		$210	$210	*
73220	TC	Mri uppr extremity w/o&w/dye		$1,823	$1,823	*
73221		Mri joint upr extrem w/o dye		$953	$953	*
73221	26	Mri joint upr extrem w/o dye		$131	$131	*
73221	TC	Mri joint upr extrem w/o dye		$822	$822	*
73222		Mri joint upr extrem w/dye		$1,143	$1,143	*
73222	26	Mri joint upr extrem w/dye		$157	$157	*
73222	TC	Mri joint upr extrem w/dye		$986	$986	*
73223		Mri joint upr extr w/o&w/dye		$2,033	$2,033	*
73223	26	Mri joint upr extr w/o&w/dye		$210	$210	*
73223	TC	Mri joint upr extr w/o&w/dye		$1,823	$1,823	*
73225		Magnetic imaging/upper (mra)		$980		
73225	26	Magnetic imaging/upper (mra)		$177		
73225	TC	Magnetic imaging/upper (mra)		$804		
73500		X-ray exam of hip		$53		
73500	26	X-ray exam of hip		$19		
73500	TC	X-ray exam of hip		$35		
73510		X-ray exam of hip		$64		
73510	26	X-ray exam of hip		$23		
73510	TC	X-ray exam of hip		$42		
73520		X-ray exam of hips		$77		
73520	26	X-ray exam of hips		$28		
73520	TC	X-ray exam of hips		$49		
73525		Contrast x-ray of hip		$210		
73525	26	Contrast x-ray of hip		$59		
73525	TC	Contrast x-ray of hip		$151		
73530		X-ray exam of hip		$69		
73530	26	X-ray exam of hip		$31		
73530	TC	X-ray exam of hip		$38		
73540		X-ray exam of pelvis & hips		$63		
73540	26	X-ray exam of pelvis & hips		$22		
73540	TC	X-ray exam of pelvis & hips		$42		
73542		X-ray exam, sacroiliac joint.		BR		
73542	26	X-ray exam, sacroiliac joint.		BR		
73542	TC	X-ray exam, sacroiliac joint.		BR		
73550		X-ray exam of thigh		$60	$60	*
73550	26	X-ray exam of thigh		$17	$17	*
73550	TC	X-ray exam of thigh		$43	$43	*
73560		X-ray exam of knee, 1 or 2.		$56		
73560	26	X-ray exam of knee, 1 or 2.		$18		
73560	TC	X-ray exam of knee, 1 or 2.		$39		
73562		X-ray exam of knee, 3.		$62		
73562	26	X-ray exam of knee, 3.		$20		
73562	TC	X-ray exam of knee, 3.		$43		
73564		X-ray exam, knee, 4 or more.		$70		
73564	26	X-ray exam, knee, 4 or more.		$24		
73564	TC	X-ray exam, knee, 4 or more.		$46		
73565		X-ray exam of knee		$54		
73565	26	X-ray exam of knee		$18		
73565	TC	X-ray exam of knee		$36		
73580		Contrast x-ray of knee joint		$248		
73580	26	Contrast x-ray of knee joint		$59		
73580	TC	Contrast x-ray of knee joint		$189		
73590		X-ray exam of lower leg		$55	$55	*
73590	26	X-ray exam of lower leg		$17	$17	*
73590	TC	X-ray exam of lower leg		$38	$38	*
73592		X-ray exam of leg, infant		$53		
73592	26	X-ray exam of leg, infant		$17		
73592	TC	X-ray exam of leg, infant		$36		
73600		X-ray exam of ankle		$52	$52	*
73600	26	X-ray exam of ankle		$16	$16	*
73600	TC	X-ray exam of ankle		$36	$36	*
73610		X-ray exam of ankle		$57		
73610	26	X-ray exam of ankle		$19		
73610	TC	X-ray exam of ankle		$39		
73615		Contrast x-ray of ankle		$210		

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73615	26	Contrast x-ray of ankle		$59		
73615	TC	Contrast x-ray of ankle		$151		
73620		X-ray exam of foot		$52	$52	*
73620	26	X-ray exam of foot		$16	$16	*
73620	TC	X-ray exam of foot		$36	$36	*
73630		X-ray exam of foot		$57		
73630	26	X-ray exam of foot		$19		
73630	TC	X-ray exam of foot		$39		
73650		X-ray exam of heel		$52		
73650	26	X-ray exam of heel		$17		
73650	TC	X-ray exam of heel		$35		
73660		X-ray exam of toe(s)..		$45		
73660	26	X-ray exam of toe(s)..		$14		
73660	TC	X-ray exam of toe(s)..		$31		
73700		Ct lower extremity w/o dye		$476	$476	*
73700	26	Ct lower extremity w/o dye		$106	$106	*
73700	TC	Ct lower extremity w/o dye		$369	$369	*
73701		Contrast cat scan of leg		$548		
73701	26	Contrast cat scan of leg		$124		
73701	TC	Contrast cat scan of leg		$424		
73702		Contrast cat scans of leg		$663		
73702	26	Contrast cat scans of leg		$130		
73702	TC	Contrast cat scans of leg		$533		
73706		Ct angio lwr extr w/o&w/dye		$990	$990	*
73706	26	Ct angio lwr extr w/o&w/dye		$185	$185	*
73706	TC	Ct angio lwr extr w/o&w/dye		$805	$805	*
73718		Mri lower extremity w/o dye		$953	$953	*
73718	26	Mri lower extremity w/o dye		$131	$131	*
73718	TC	Mri lower extremity w/o dye		$822	$822	*
73719		Mri lower extremity w/dye		$1,143	$1,143	*
73719	26	Mri lower extremity w/dye		$157	$157	*
73719	TC	Mri lower extremity w/dye		$986	$986	*
73720		Mri lwr extremity w/o&w/dye		$2,032	$2,032	*
73720	26	Mri lwr extremity w/o&w/dye		$209	$209	*
73720	TC	Mri lwr extremity w/o&w/dye		$1,823	$1,823	*
73721		Mri jnt of lwr extre w/o dye		$953	$953	*
73721	26	Mri jnt of lwr extre w/o dye		$131	$131	*
73721	TC	Mri jnt of lwr extre w/o dye		$822	$822	*
73722		Mri joint of lwr extr w/dye		$1,143	$1,143	*
73722	26	Mri joint of lwr extr w/dye		$157	$157	*
73722	TC	Mri joint of lwr extr w/dye		$986	$986	*
73723		Mri joint lwr extr w/o&w/dye		$2,033	$2,033	*
73723	26	Mri joint lwr extr w/o&w/dye		$210	$210	*
73723	TC	Mri joint lwr extr w/o&w/dye		$1,823	$1,823	*
73725		Magnetic imaging/lower (mra)		$987		
73725	26	Magnetic imaging/lower (mra)		$183		
73725	TC	Magnetic imaging/lower (mra)		$804		
74000		X-ray exam of abdomen		$57		
74000	26	X-ray exam of abdomen		$19		
74000	TC	X-ray exam of abdomen		$38		
74010		X-ray exam of abdomen		$67		
74010	26	X-ray exam of abdomen		$26		
74010	TC	X-ray exam of abdomen		$42		
74020		X-ray exam of abdomen		$75		
74020	26	X-ray exam of abdomen		$30		
74020	TC	X-ray exam of abdomen		$45		
74022		X-ray exam series, abdomen		$86	$86	*
74022	26	X-ray exam series, abdomen		$30	$30	*
74022	TC	X-ray exam series, abdomen		$55	$55	*
74150		Ct abdomen w/o dye		$538	$538	*
74150	26	Ct abdomen w/o dye		$116	$116	*
74150	TC	Ct abdomen w/o dye		$423	$423	*
74160		Contrast cat scan of abdomen		$626		
74160	26	Contrast cat scan of abdomen		$136		
74160	TC	Contrast cat scan of abdomen		$490		
74170		Contrast cat scans, abdomen		$759		
74170	26	Contrast cat scans, abdomen		$151		
74170	TC	Contrast cat scans, abdomen		$609		
74175		Ct angio abdom w/o & w/dye		$1,065	$1,065	*

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74175	26	Ct angio abdom w/o & w/dye		$184	$184	*
74175	TC	Ct angio abdom w/o & w/dye		$880	$880	*
74181		Mri abdomen w/o dye		$968	$968	*
74181	26	Mri abdomen w/o dye		$142	$142	*
74181	TC	Mri abdomen w/o dye		$826	$826	*
74182		Mri abdomen w/dye		$1,158	$1,158	*
74182	26	Mri abdomen w/dye		$169	$169	*
74182	TC	Mri abdomen w/dye		$990	$990	*
74183		Mri abdomen w/o & w/dye		$2,049	$2,049	*
74183	26	Mri abdomen w/o & w/dye		$220	$220	*
74183	TC	Mri abdomen w/o & w/dye		$1,829	$1,829	*
74185		Magnetic image/abdomen (mra)		$990		
74185	26	Magnetic image/abdomen (mra)		$187		
74185	TC	Magnetic image/abdomen (mra)		$804		
74190		X-ray exam of peritoneum		$126		
74190	26	X-ray exam of peritoneum		$33		
74190	TC	X-ray exam of peritoneum		$94		
74210		Contrast x-ray exam of throat		$123		
74210	26	Contrast x-ray exam of throat		$38		
74210	TC	Contrast x-ray exam of throat		$85		
74220		Contrast x-ray exam, esophagu		$135		
74220	26	Contrast x-ray exam, esophagu		$50		
74220	TC	Contrast x-ray exam, esophagu		$85		
74230		Cine/vid x-ray, throat/esoph		$149	$149	*
74230	26	Cine/vid x-ray, throat/esoph		$51	$51	*
74230	TC	Cine/vid x-ray, throat/esoph		$98	$98	*
74235		Remove esophagus obstruction		$316		
74235	26	Remove esophagus obstruction		$127		
74235	TC	Remove esophagus obstruction		$189		
74240		X-ray exam upper gi tract		$180		
74240	26	X-ray exam upper gi tract		$75		
74240	TC	X-ray exam upper gi tract		$105		
74241		X-ray exam upper gi tract		$182		
74241	26	X-ray exam upper gi tract		$75		
74241	TC	X-ray exam upper gi tract		$108		
74245		X-ray exam, upper gi tract		$267	$267	*
74245	26	X-ray exam, upper gi tract		$89	$89	*
74245	TC	X-ray exam, upper gi tract		$178	$178	*
74246		Contrast x-ray upper gi tract		$194		
74246	26	Contrast x-ray upper gi tract		$75		
74246	TC	Contrast x-ray upper gi tract		$119		
74247		Contrast x-ray upper gi tract		$196		
74247	26	Contrast x-ray upper gi tract		$75		
74247	TC	Contrast x-ray upper gi tract		$122		
74249		Contrst x-ray uppr gi tract		$281	$281	*
74249	26	Contrst x-ray uppr gi tract		$89	$89	*
74249	TC	Contrst x-ray uppr gi tract		$192	$192	*
74250		X-ray exam of small bowel		$143	$143	*
74250	26	X-ray exam of small bowel		$45	$45	*
74250	TC	X-ray exam of small bowel		$98	$98	*
74251		X-ray exam of small bowel		$144		
74251	26	X-ray exam of small bowel		$51		
74251	TC	X-ray exam of small bowel		$94		
74260		X-ray exam of small bowel		$161		
74260	26	X-ray exam of small bowel		$54		
74260	TC	X-ray exam of small bowel		$108		
74270		Contrast x-ray exam of colon		$198		
74270	26	Contrast x-ray exam of colon		$75		
74270	TC	Contrast x-ray exam of colon		$123		
74280		Contrast x-ray exam of colon		$267		
74280	26	Contrast x-ray exam of colon		$107		
74280	TC	Contrast x-ray exam of colon		$161		
74283		Contrast x-ray exam of colon.		$402		
74283	26	Contrast x-ray exam of colon.		$210		
74283	TC	Contrast x-ray exam of colon.		$192		
74290		Contrast x-ray, gallbladder		$88		

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74290	26	Contrast x-ray, gallbladder		$35		
74290	TC	Contrast x-ray, gallbladder		$54		
74291		Contrast x-rays, gallbladder		$52		
74291	26	Contrast x-rays, gallbladder		$21		
74291	TC	Contrast x-rays, gallbladder		$31		
74300		X-ray bile ducts, pancreas		BR		
74300	26	X-ray bile ducts, pancreas		$39		
74300	TC	X-ray bile ducts, pancreas		BR		
74301		X-rays at surgery add- on.		BR		
74301	26	X-rays at surgery add- on.		$22		
74301	TC	X-rays at surgery add- on.		BR		
74305		X-ray bile ducts/pancreas		$100	$100	*
74305	26	X-ray bile ducts/pancreas		$41	$41	*
74305	TC	X-ray bile ducts/pancreas		$59	$59	*
74320		Contrast x-ray of bile ducts		$285		
74320	26	Contrast x-ray of bile ducts		$59		
74320	TC	Contrast x-ray of bile ducts		$226		
74327		X-ray bile stone removal		$201	$201	*
74327	26	X-ray bile stone removal		$68	$68	*
74327	TC	X-ray bile stone removal		$133	$133	*
74328		Xray for bile duct endoscopy		$301		
74328	26	Xray for bile duct endoscopy		$76		
74328	TC	Xray for bile duct endoscopy		$226		
74329		X-ray for pancreas endoscopy		$301		
74329	26	X-ray for pancreas endoscopy		$76		
74329	TC	X-ray for pancreas endoscopy		$226		
74330		Xray,bile/pancreas endoscopy		$301		
74330	26	Xray,bile/pancreas endoscopy		$76		
74330	TC	Xray,bile/pancreas endoscopy		$226		
74340		X-ray guide for gi tube		$248		
74340	26	X-ray guide for gi tube		$59		
74340	TC	X-ray guide for gi tube		$189		
74350		X-ray guide, stomach tube		$308		
74350	26	X-ray guide, stomach tube		$82		
74350	TC	X-ray guide, stomach tube		$226		
74355		X-ray guide, intestinal tube		$271		
74355	26	X-ray guide, intestinal tube		$82		
74355	TC	X-ray guide, intestinal tube		$189		
74360		X-ray guide, gi dilation		$285		
74360	26	X-ray guide, gi dilation		$59		
74360	TC	X-ray guide, gi dilation		$226		
74363		X-ray, bile duct dilation		$542	$542	*
74363	26	X-ray, bile duct dilation		$86	$86	*
74363	TC	X-ray, bile duct dilation		$456	$456	*
74400		Contrast x-ray urinary tract		$174		
74400	26	Contrast x-ray urinary tract		$53		
74400	TC	Contrast x-ray urinary tract		$122		
74410		Contrast x-ray urinary tract		$193		
74410	26	Contrast x-ray urinary tract		$53		
74410	TC	Contrast x-ray urinary tract		$140		
74415		Contrast x-ray urinary tract		$205		
74415	26	Contrast x-ray urinary tract		$53		
74415	TC	Contrast x-ray urinary tract		$152		
74420		Contrast x-ray urinary tract		$227		
74420	26	Contrast x-ray urinary tract		$38		
74420	TC	Contrast x-ray urinary tract		$189		
74425		Contrast x-ray urinary tract		$131		
74425	26	Contrast x-ray urinary tract		$38		
74425	TC	Contrast x-ray urinary tract		$94		
74430		Contrast x-ray of bladder		$110		
74430	26	Contrast x-ray of bladder		$35		
74430	TC	Contrast x-ray of bladder		$76		
74440		Xray exam male genital tract		$122		
74440	26	Xray exam male genital tract		$41		
74440	TC	Xray exam male genital tract		$82		
74445		X-ray exam of penis		$203		
74445	26	X-ray exam of penis		$122		
74445	TC	X-ray exam of penis		$82		
74450		X-ray exam urethra/bladder		$140		

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74450	26	X-ray exam urethra/bladder		$35		
74450	TC	X-ray exam urethra/bladder		$105		
74455		X-ray exam urethra/bladder		$149		
74455	26	X-ray exam urethra/bladder		$35		
74455	TC	X-ray exam urethra/bladder		$114		
74470		X-ray exam of kidney lesion		$149		
74470	26	X-ray exam of kidney lesion		$59		
74470	TC	X-ray exam of kidney lesion		$90		
74475		Xray control catheter insert		$351		
74475	26	Xray control catheter insert		$59		
74475	TC	Xray control catheter insert		$292		
74480		Xray control catheter insert		$351		
74480	26	Xray control catheter insert		$59		
74480	TC	Xray control catheter insert		$292		
74485		X-ray guide, gu dilation		$285		
74485	26	X-ray guide, gu dilation		$59		
74485	TC	X-ray guide, gu dilation		$226		
74710		X-ray measurement of pelvis		$112		
74710	26	X-ray measurement of pelvis		$37		
74710	TC	X-ray measurement of pelvis		$76		
74740		X-ray female genital tract		$134		
74740	26	X-ray female genital tract		$41		
74740	TC	X-ray female genital tract		$94		
74742		X-ray fallopian tube		$290		
74742	26	X-ray fallopian tube		$64		
74742	TC	X-ray fallopian tube		$226		
74775		X-ray exam of perineum		$173		
74775	26	X-ray exam of perineum		$68		
74775	TC	X-ray exam of perineum		$105		
75552		Magnetic image, myocardium		$976		
75552	26	Magnetic image, myocardium		$173		
75552	TC	Magnetic image, myocardium		$804		
75553		Magnetic image, myocardium		$1,004		
75553	26	Magnetic image, myocardium		$201		
75553	TC	Magnetic image, myocardium		$804		
75554		Cardiac MRI/function..		$1,021		
75554	26	Cardiac MRI/function..		$185		
75554	TC	Cardiac MRI/function..		$836		
75555		Cardiac MRI/limited study.		$1,016		
75555	26	Cardiac MRI/limited study.		$180		
75555	TC	Cardiac MRI/limited study.		$836		
75556		Cardiac mri/flow mapping		BR		
75600		Contrast x-ray exam of aorta		$956		
75600	26	Contrast x-ray exam of aorta		$53		
75600	TC	Contrast x-ray exam of aorta		$903		
75605		Contrast x-ray exam of aorta		$1,025		
75605	26	Contrast x-ray exam of aorta		$122		
75605	TC	Contrast x-ray exam of aorta		$903		
75625		Contrast x-ray exam of aorta		$1,025		
75625	26	Contrast x-ray exam of aorta		$122		
75625	TC	Contrast x-ray exam of aorta		$903		
75630		X-ray aorta, leg arteries		$1,082		
75630	26	X-ray aorta, leg arteries		$140		
75630	TC	X-ray aorta, leg arteries		$942		
75635		Ct angio abdominal arteries		$1,389	$1,389	*
75635	26	Ct angio abdominal arteries		$234	$234	*
75635	TC	Ct angio abdominal arteries		$1,156	$1,156	*
75650		Artery x-rays, head & neck		$1,063		
75650	26	Artery x-rays, head & neck		$160		
75650	TC	Artery x-rays, head & neck		$903		
75658		X-ray exam of arm arteries		$1,043		
75658	26	X-ray exam of arm arteries		$140		
75658	TC	X-ray exam of arm arteries		$903		
75660		Artery x-rays, head & neck		$1,043		
75660	26	Artery x-rays, head & neck		$140		
75660	TC	Artery x-rays, head & neck		$903		
75662		Artery x-rays, head & neck		$1,081		
75662	26	Artery x-rays, head & neck		$178		
75662	TC	Artery x-rays, head & neck		$903		

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75665		Artery x-rays, head & neck		$1,043		
75665	26	Artery x-rays, head & neck		$140		
75665	TC	Artery x-rays, head & neck		$903		
75671		Artery x-rays, head & neck		$1,081		
75671	26	Artery x-rays, head & neck		$178		
75671	TC	Artery x-rays, head & neck		$903		
75676		Artery x-rays, neck		$1,043		
75676	26	Artery x-rays, neck		$140		
75676	TC	Artery x-rays, neck		$903		
75680		Artery x-rays, neck		$1,081		
75680	26	Artery x-rays, neck		$178		
75680	TC	Artery x-rays, neck		$903		
75685		Artery x-rays, spine		$1,043		
75685	26	Artery x-rays, spine		$140		
75685	TC	Artery x-rays, spine		$903		
75705		Artery x-rays, spine		$1,137		
75705	26	Artery x-rays, spine		$234		
75705	TC	Artery x-rays, spine		$903		
75710		Artery x-rays, arm/leg		$1,025		
75710	26	Artery x-rays, arm/leg		$122		
75710	TC	Artery x-rays, arm/leg		$903		
75716		Artery x-rays, arms/legs		$1,043		
75716	26	Artery x-rays, arms/legs		$140		
75716	TC	Artery x-rays, arms/legs		$903		
75722		Artery x-rays, kidney		$1,025		
75722	26	Artery x-rays, kidney		$122		
75722	TC	Artery x-rays, kidney		$903		
75724		Artery x-rays, kidneys		$1,063		
75724	26	Artery x-rays, kidneys		$160		
75724	TC	Artery x-rays, kidneys		$903		
75726		Artery x-rays, abdomen		$1,025		
75726	26	Artery x-rays, abdomen		$122		
75726	TC	Artery x-rays, abdomen		$903		
75731		Artery x-rays, adrenal gland		$1,025		
75731	26	Artery x-rays, adrenal gland		$122		
75731	TC	Artery x-rays, adrenal gland		$903		
75733		Artery x-rays,adrenal glands		$1,043		
75733	26	Artery x-rays,adrenal glands		$140		
75733	TC	Artery x-rays,adrenal glands		$903		
75736		Artery x-rays, pelvis		$1,025		
75736	26	Artery x-rays, pelvis		$122		
75736	TC	Artery x-rays, pelvis		$903		
75741		Artery x-rays, lung		$1,043		
75741	26	Artery x-rays, lung		$140		
75741	TC	Artery x-rays, lung		$903		
75743		Artery x-rays, lungs		$1,081		
75743	26	Artery x-rays, lungs		$178		
75743	TC	Artery x-rays, lungs		$903		
75746		Artery x-rays, lung		$1,025		
75746	26	Artery x-rays, lung		$122		
75746	TC	Artery x-rays, lung		$903		
75756		Artery x-rays, chest		$1,025		
75756	26	Artery x-rays, chest		$122		
75756	TC	Artery x-rays, chest		$903		
75774		Artery x-ray, each vessel.		$977		
75774	26	Artery x-ray, each vessel.		$37		
75774	TC	Artery x-ray, each vessel.		$940		
75790		Visualize a-v shunt		$295		
75790	26	Visualize a-v shunt		$198		
75790	TC	Visualize a-v shunt		$98		
75801		Lymph vessel x-ray, arm/leg		$476		
75801	26	Lymph vessel x-ray, arm/leg		$87		
75801	TC	Lymph vessel x-ray, arm/leg		$389		
75803		Lymph vessel x-ray,arms/legs		$514		
75803	26	Lymph vessel x-ray,arms/legs		$125		
75803	TC	Lymph vessel x-ray,arms/legs		$389		
75805		Lymph vessel x-ray, trunk		$524		
75805	26	Lymph vessel x-ray, trunk		$87		
75805	TC	Lymph vessel x-ray, trunk		$437		

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75807		Lymph vessel x-ray, trunk		$562		
75807	26	Lymph vessel x-ray, trunk		$125		
75807	TC	Lymph vessel x-ray, trunk		$437		
75809		Nonvascular shunt, x-ray		$104	$104	*
75809	26	Nonvascular shunt, x-ray		$45	$45	*
75809	TC	Nonvascular shunt, x-ray		$59	$59	*
75810		Vein x-ray, spleen/liver		$1,025		
75810	26	Vein x-ray, spleen/liver		$122		
75810	TC	Vein x-ray, spleen/liver		$903		
75820		Vein x-ray, arm/leg		$144		
75820	26	Vein x-ray, arm/leg		$76		
75820	TC	Vein x-ray, arm/leg		$68		
75822		Vein x-ray, arms/legs		$220		
75822	26	Vein x-ray, arms/legs		$114		
75822	TC	Vein x-ray, arms/legs		$107		
75825		Vein x-ray, trunk		$1,025		
75825	26	Vein x-ray, trunk		$122		
75825	TC	Vein x-ray, trunk		$903		
75827		Vein x-ray, chest		$1,025		
75827	26	Vein x-ray, chest		$122		
75827	TC	Vein x-ray, chest		$903		
75831		Vein x-ray, kidney		$1,025		
75831	26	Vein x-ray, kidney		$122		
75831	TC	Vein x-ray, kidney		$903		
75833		Vein x-ray, kidneys		$1,063		
75833	26	Vein x-ray, kidneys		$160		
75833	TC	Vein x-ray, kidneys		$903		
75840		Vein x-ray, adrenal gland		$1,025		
75840	26	Vein x-ray, adrenal gland		$122		
75840	TC	Vein x-ray, adrenal gland		$903		
75842		Vein x-ray, adrenal glands		$1,063		
75842	26	Vein x-ray, adrenal glands		$160		
75842	TC	Vein x-ray, adrenal glands		$903		
75860		Vein x-ray, neck		$1,051	$1,051	*
75860	26	Vein x-ray, neck		$112	$112	*
75860	TC	Vein x-ray, neck		$939	$939	*
75870		Vein x-ray, skull		$1,025		
75870	26	Vein x-ray, skull		$122		
75870	TC	Vein x-ray, skull		$903		
75872		Vein x-ray, skull		$1,025		
75872	26	Vein x-ray, skull		$122		
75872	TC	Vein x-ray, skull		$903		
75880		Vein x-ray, eye socket		$144		
75880	26	Vein x-ray, eye socket		$76		
75880	TC	Vein x-ray, eye socket		$68		
75885		Vein x-ray, liver		$1,058		
75885	26	Vein x-ray, liver		$155		
75885	TC	Vein x-ray, liver		$903		
75887		Vein x-ray, liver		$1,058		
75887	26	Vein x-ray, liver		$155		
75887	TC	Vein x-ray, liver		$903		
75889		Vein x-ray, liver		$1,025		
75889	26	Vein x-ray, liver		$122		
75889	TC	Vein x-ray, liver		$903		
75891		Vein x-ray, liver		$1,025		
75891	26	Vein x-ray, liver		$122		
75891	TC	Vein x-ray, liver		$903		
75893		Venous sampling by catheter		$962		
75893	26	Venous sampling by catheter		$59		
75893	TC	Venous sampling by catheter		$903		
75894		Xrays, transcatheter therapy		$1,871		
75894	26	Xrays, transcatheter therapy		$140		
75894	TC	Xrays, transcatheter therapy		$1,731		
75896		Xrays, transcatheter therapy		$1,644		
75896	26	Xrays, transcatheter therapy		$140		
75896	TC	Xrays, transcatheter therapy		$1,504		
75898		Follow-up angiography		$240	$240	*
75898	26	Follow-up angiography		$162	$162	*
75898	TC	Follow-up angiography		$79	$79	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
75900		Arterial catheter exchange		$1,540		
75900	26	Arterial catheter exchange		$53		
75900	TC	Arterial catheter exchange		$1,488		
75901		Remove cva device obstruct		$199	$199	*
75901	26	Remove cva device obstruct		$47	$47	*
75901	TC	Remove cva device obstruct		$152	$152	*
75902		Remove cva lumen obstruct		$190	$190	*
75902	26	Remove cva lumen obstruct		$38	$38	*
75902	TC	Remove cva lumen obstruct		$152	$152	*
75940		X-ray placement, vein filter		$962		
75940	26	X-ray placement, vein filter		$59		
75940	TC	X-ray placement, vein filter		$903		
75945		Intravascular us.....		$385		
75945	26	Intravascular us.....		$45		
75945	TC	Intravascular us.....		$341		
75946		Intravascular us add- on.		$216		
75946	26	Intravascular us add- on.		$45		
75946	TC	Intravascular us add- on.		$171		
75952		Endovasc repair abdom aorta		BR	BR	*
75952	26	Endovasc repair abdom aorta		$455	$455	*
75952	TC	Endovasc repair abdom aorta		BR	BR	*
75953		Abdom aneurysm endovas rpr		BR	BR	*
75954		Iliac aneurysm endovas rpr		BR	BR	*
75954	26	Iliac aneurysm endovas rpr		$225	$225	*
75954	TC	Iliac aneurysm endovas rpr		BR	BR	*
75960		Transcath iv stent rs&i		$1,192	$1,192	*
75960	26	Transcath iv stent rs&i		$82	$82	*
75960	TC	Transcath iv stent rs&i		$1,111	$1,111	*
75961		Retrieval, broken catheter		$1,208		
75961	26	Retrieval, broken catheter		$455		
75961	TC	Retrieval, broken catheter		$753		
75962		Repair arterial blockage		$1,188		
75962	26	Repair arterial blockage		$59		
75962	TC	Repair arterial blockage		$1,129		
75964		Repair artery blockage, each.		$664		
75964	26	Repair artery blockage, each.		$37.78		
75964	TC	Repair artery blockage, each.		$626		
75966		Repair arterial blockage		$1,269		
75966	26	Repair arterial blockage		$140		
75966	TC	Repair arterial blockage		$1,129		
75968		Repair artery blockage, each.		$664		
75968	26	Repair artery blockage, each.		$38		
75968	TC	Repair artery blockage, each.		$626		
75970		Vascular biopsy		$917		
75970	26	Vascular biopsy		$90		
75970	TC	Vascular biopsy		$828		
75978		Repair venous blockage		$1,204		
75978	26	Repair venous blockage		$76		
75978	TC	Repair venous blockage		$1,129		
75980		Contrast xray exam bile duct		$544		
75980	26	Contrast xray exam bile duct		$155		
75980	TC	Contrast xray exam bile duct		$389		
75982		Contrast xray exam bile duct		$592		
75982	26	Contrast xray exam bile duct		$155		
75982	TC	Contrast xray exam bile duct		$437		
75984		Xray control catheter change		$218		
75984	26	Xray control catheter change		$78		
75984	TC	Xray control catheter change		$140		
75989		Abscess drainage under x-ray		$351	$351	*
75989	26	Abscess drainage under x-ray		$116	$116	*
75989	TC	Abscess drainage under x-ray		$235	$235	*
75992		Atherectomy, x-ray exam		$1,188		
75992	26	Atherectomy, x-ray exam		$59		
75992	TC	Atherectomy, x-ray exam		$1,129		
75993		Atherectomy, x-ray exam.		$664		
75993	26	Atherectomy, x-ray exam.		$37.78		
75993	TC	Atherectomy, x-ray exam.		$626		
75994		Atherectomy, x-ray exam		$1,269		
75994	26	Atherectomy, x-ray exam		$140		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
75994	TC	Atherectomy, x-ray exam		$1,129		
75995		Atherectomy, x-ray exam		$1,269		
75995	26	Atherectomy, x-ray exam		$140		
75995	TC	Atherectomy, x-ray exam		$1,129		
75996		Atherectomy, x-ray exam.		$664		
75996	26	Atherectomy, x-ray exam.		$38		
75996	TC	Atherectomy, x-ray exam.		$626		
75998		Fluoroguide for vein device	ZZZ	$137	$137	*
75998	26	Fluoroguide for vein device	ZZZ	$37	$37	*
75998	TC	Fluoroguide for vein device	ZZZ	$100	$100	*
76000		Fluoroscope examination.		$115		
76000	26	Fluoroscope examination.		$18		
76000	TC	Fluoroscope examination.		$97		
76001		Fluoroscope exam, extensive		$262		
76001	26	Fluoroscope exam, extensive		$73		
76001	TC	Fluoroscope exam, extensive		$189		
76003		Needle localization by x-ray		$150	$150	*
76003	26	Needle localization by x-ray		$52	$52	*
76003	TC	Needle localization by x-ray		$98	$98	*
76005		Fluoroguide for spine inject.		BR		
76005	26	Fluoroguide for spine inject.		BR		
76005	TC	Fluoroguide for spine inject.		BR		
76006		X-ray stress view		$46	$46	*
76010		X-ray, nose to rectum		$56	$56	*
76010	26	X-ray, nose to rectum		$18	$18	*
76010	TC	X-ray, nose to rectum		$38	$38	*
76012		Percut vertebroplasty fluor		BR	BR	*
76012	26	Percut vertebroplasty fluor		$133	$133	*
76012	TC	Percut vertebroplasty fluor		BR	BR	*
76013		Percut vertebroplasty, ct		BR	BR	*
76013	26	Percut vertebroplasty, ct		$138	$138	*
76013	TC	Percut vertebroplasty, ct		BR	BR	*
76020		X-rays for bone age		$59		
76020	26	X-rays for bone age		$21		
76020	TC	X-rays for bone age		$38		
76040		X-rays, bone evaluation		$87		
76040	26	X-rays, bone evaluation		$30		
76040	TC	X-rays, bone evaluation		$57		
76061		X-rays, bone survey		$119		
76061	26	X-rays, bone survey		$48		
76061	TC	X-rays, bone survey		$72		
76062		X-rays, bone survey		$163		
76062	26	X-rays, bone survey		$59		
76062	TC	X-rays, bone survey		$104		
76065		X-rays, bone evaluation		$84		
76065	26	X-rays, bone evaluation		$31		
76065	TC	X-rays, bone evaluation		$54		
76066		Joint survey, single view		$113	$113	*
76066	26	Joint survey, single view		$30	$30	*
76066	TC	Joint survey, single view		$83	$83	*
76070		Ct bone density, axial		$245	$245	*
76070	26	Ct bone density, axial		$24	$24	*
76070	TC	Ct bone density, axial		$220	$220	*
76071		Ct bone density, peripheral		$234	$234	*
76071	26	Ct bone density, peripheral		$21	$21	*
76071	TC	Ct bone density, peripheral		$213	$213	*
76075		Dxa bone density, axial		$260	$260	*
76075	26	Dxa bone density, axial		$29	$29	*
76075	TC	Dxa bone density, axial		$231	$231	*
76076		Dual energy x-ray study.		$80		
76076	26	Dual energy x-ray study.		$24		
76076	TC	Dual energy x-ray study.		$57		
76077		Dxa bone density/v-fracture		$74	$74	*
76077	26	Dxa bone density/v-fracture		$17	$17	*
76077	TC	Dxa bone density/v-fracture		$57	$57	*
76078		Radiographic absorptiometry		$77	$77	*
76078	26	Radiographic absorptiometry		$20	$20	*
76078	TC	Radiographic absorptiometry		$57	$57	*
76080		X-ray exam of fistula.		$135		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
76080	26	X-ray exam of fistula.		$57		
76080	TC	X-ray exam of fistula.		$79		
76082		Computer mammogram add-on	ZZZ	$37	$37	*
76082	26	Computer mammogram add-on	ZZZ	$6	$6	*
76082	TC	Computer mammogram add-on	ZZZ	$30	$30	*
76083		Computer mammogram add-on	ZZZ	$37	$37	*
76083	26	Computer mammogram add-on	ZZZ	$6	$6	*
76083	TC	Computer mammogram add-on	ZZZ	$30	$30	*
76086		X-ray of mammary duct		$228		
76086	26	X-ray of mammary duct		$39		
76086	TC	X-ray of mammary duct		$189		
76088		X-ray of mammary ducts		$311		
76088	26	X-ray of mammary ducts		$48		
76088	TC	X-ray of mammary ducts		$263		
76090		Mammogram, one breast		$103		
76090	26	Mammogram, one breast		$28		
76090	TC	Mammogram, one breast		$76		
76091		Mammogram, both breasts		$137		
76091	26	Mammogram, both breasts		$44		
76091	TC	Mammogram, both breasts		$94		
76092		Mamm0gram, screening		BR		
76093		Magnetic image, breast		$1,422		
76093	26	Magnetic image, breast		$172		
76093	TC	Magnetic image, breast		$1,250		
76094		Magnetic image, both breast		$1,867		
76094	26	Magnetic image, both breast		$172		
76094	TC	Magnetic image, both breast		$1,695		
76095		Stereotactic breast biopsy		$690	$690	*
76095	26	Stereotactic breast biopsy		$156	$156	*
76095	TC	Stereotactic breast biopsy		$534	$534	*
76096		X-ray of needle wire, breast		$152	$152	*
76096	26	X-ray of needle wire, breast		$55	$55	*
76096	TC	X-ray of needle wire, breast		$98	$98	*
76098		X-ray exam, breast specimen		$47		
76098	26	X-ray exam, breast specimen		$17		
76098	TC	X-ray exam, breast specimen		$31		
76100		X-ray exam of body section		$153		
76100	26	X-ray exam of body section		$63		
76100	TC	X-ray exam of body section		$90		
76101		Complex body section x-ray		$165		
76101	26	Complex body section x-ray		$63		
76101	TC	Complex body section x-ray		$102		
76102		Complex body section x-rays		$188		
76102	26	Complex body section x-rays		$63		
76102	TC	Complex body section x-rays		$125		
76120		Cine/video x-rays		$116	$116	*
76120	26	Cine/video x-rays		$38	$38	*
76120	TC	Cine/video x-rays		$79	$79	*
76125		Cine/video x-rays add-on	ZZZ	$85	$85	*
76125	26	Cine/video x-rays add-on	ZZZ	$26	$26	*
76125	TC	Cine/video x-rays add-on	ZZZ	$59	$59	*
76140		X-ray consultation		BR		
76150		X-ray exam, dry process		$31		
76350		Special x-ray contrast study		BR		
76355		Ct scan for localization		$734	$734	*
76355	26	Ct scan for localization		$118	$118	*
76355	TC	Ct scan for localization		$615	$615	*
76360		Ct scan for needle biopsy		$728	$728	*
76360	26	Ct scan for needle biopsy		$113	$113	*
76360	TC	Ct scan for needle biopsy		$615	$615	*
76362		Ct guide for tissue ablation		$1,078	$1,078	*
76362		Ct guide for tissue ablation		$1,078	$1,078	*
76362		Ct guide for tissue ablation		$1,078	$1,078	*
76370		Ct scan for therapy guide		$303	$303	*
76370	26	Ct scan for therapy guide		$83	$83	*
76370	TC	Ct scan for therapy guide		$220	$220	*
76375		3d/holograph reconstr add-on		$279	$279	*
76375	26	3d/holograph reconstr add-on		$16	$16	*
76375	TC	3d/holograph reconstr add-on		$264	$264	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
76380		CAT scan follow-up study		$356	$356	*
76380	26	CAT scan follow-up study		$95	$95	*
76380	TC	CAT scan follow-up study		$261	$261	*
76390		Mr spectroscopy.....		$986		
76390	26	Mr spectroscopy.....		$150		
76390	TC	Mr spectroscopy.....		$836		
76393		Mr guidance for needle place		$981	$981	*
76393	26	Mr guidance for needle place		$148	$148	*
76393	TC	Mr guidance for needle place		$833	$833	*
76394		Mri for tissue ablation		$1,320	$1,320	*
76400		Magnetic image, bone marrow		$976		
76400	26	Magnetic image, bone marrow		$173		
76400	TC	Magnetic image, bone marrow		$804		
76496		Fluoroscopic procedure		BR	BR	*
76496	26	Fluoroscopic procedure		BR	BR	*
76496	TC	Fluoroscopic procedure		BR	BR	*
76497		Ct procedure		BR	BR	*
76497	26	Ct procedure		BR	BR	*
76497	TC	Ct procedure		BR	BR	*
76498		Mri procedure		BR	BR	*
76498	26	Mri procedure		BR	BR	*
76498	TC	Mri procedure		BR	BR	*
76499		Radiographic procedure		BR	BR	*
76499	26	Radiographic procedure		BR	BR	*
76499	TC	Radiographic procedure		BR	BR	*
76506		Echo exam of head		$170		
76506	26	Echo exam of head		$68		
76506	TC	Echo exam of head		$102		
76510		Ophth us, b & quant a		$320	$320	*
76510	26	Ophth us, b & quant a		$160	$160	*
76510	TC	Ophth us, b & quant a		$160	$160	*
76511		Ophth us, quant a only		$246	$246	*
76511	26	Ophth us, quant a only		$97	$97	*
76511	TC	Ophth us, quant a only		$149	$149	*
76512		Ophth us, b w/non-quant a		$233	$233	*
76512	26	Ophth us, b w/non-quant a		$98	$98	*
76512	TC	Ophth us, b w/non-quant a		$135	$135	*
76513		Echo exam of eye, water bath.		$186		
76513	26	Echo exam of eye, water bath.		$72		
76513	TC	Echo exam of eye, water bath.		$114		
76514		Echo exam of eye, thickness		$23	$23	*
76514	26	Echo exam of eye, thickness		$18	$18	*
76514	TC	Echo exam of eye, thickness		$4	$4	*
76516		Echo exam of eye		$149		
76516	26	Echo exam of eye		$59		
76516	TC	Echo exam of eye		$90		
76519		Echo exam of eye		$149		
76519	26	Echo exam of eye		$59		
76519	TC	Echo exam of eye		$90		
76529		Echo exam of eye		$160		
76529	26	Echo exam of eye		$62		
76529	TC	Echo exam of eye		$98		
76536		Us exam of head and neck		$161	$161	*
76536	26	Us exam of head and neck		$55	$55	*
76536	TC	Us exam of head and neck		$106	$106	*
76604		Us exam, chest, b-scan		$151	$151	*
76604	26	Us exam, chest, b-scan		$53	$53	*
76604	TC	Us exam, chest, b-scan		$98	$98	*
76645		Us exam, breast(s)		$131	$131	*
76645	26	Us exam, breast(s)		$52	$52	*
76645	TC	Us exam, breast(s)		$79	$79	*
76700		Us exam, abdom, complete		$227	$227	*
76700	26	Us exam, abdom, complete		$79	$79	*
76700	TC	Us exam, abdom, complete		$147	$147	*
76705		Echo exam of abdomen		$166		
76705	26	Echo exam of abdomen		$64		
76705	TC	Echo exam of abdomen		$102		
76770		Us exam abdo back wall, comp		$219	$219	*
76770	26	Us exam abdo back wall, comp		$72	$72	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
76770	TC	Us exam abdo back wall, comp		$147	$147	*
76775		Echo exam abdomen back wall		$165		
76775	26	Echo exam abdomen back wall		$63		
76775	TC	Echo exam abdomen back wall		$102		
76778		Us exam kidney transplant		$219	$219	*
76778	26	Us exam kidney transplant		$72	$72	*
76778	TC	Us exam kidney transplant		$147	$147	*
76800		Us exam, spinal canal		$214	$214	*
76800	26	Us exam, spinal canal		$108	$108	*
76800	TC	Us exam, spinal canal		$106	$106	*
76801		Ob us < 14 wks, single fetus		$254	$254	*
76801	26	Ob us < 14 wks, single fetus		$97	$97	*
76801	TC	Ob us < 14 wks, single fetus		$157	$157	*
76802		Ob us < 14 wks, add'l fetus	ZZZ	$165	$165	*
76802	26	Ob us < 14 wks, add'l fetus	ZZZ	$82	$82	*
76802	TC	Ob us < 14 wks, add'l fetus	ZZZ	$83	$83	*
76805		Ob us >/= 14 wks, sngl fetus		$254	$254	*
76805	26	Ob us >/= 14 wks, sngl fetus		$97	$97	*
76805	TC	Ob us >/= 14 wks, sngl fetus		$157	$157	*
76810		Ob us >/= 14 wks, addl fetus	ZZZ	$186	$186	*
76810	26	Ob us >/= 14 wks, addl fetus	ZZZ	$96	$96	*
76810	TC	Ob us >/= 14 wks, addl fetus	ZZZ	$90	$90	*
76811		Ob us, detailed, sngl fetus		$472	$472	*
76811	26	Ob us, detailed, sngl fetus		$191	$191	*
76811	TC	Ob us, detailed, sngl fetus		$281	$281	*
76812		Ob us, detailed, addl fetus	ZZZ	$282	$282	*
76812	26	Ob us, detailed, addl fetus	ZZZ	$179	$179	*
76812	TC	Ob us, detailed, addl fetus	ZZZ	$103	$103	*
76815		Ob us, limited, fetus(s)		$171	$171	*
76815	26	Ob us, limited, fetus(s)		$65	$65	*
76815	TC	Ob us, limited, fetus(s)		$106	$106	*
76816		Ob us, follow-up, per fetus		$169	$169	*
76816	26	Ob us, follow-up, per fetus		$86	$86	*
76816	TC	Ob us, follow-up, per fetus		$83	$83	*
76817		Transvaginal us, obstetric		$186	$186	*
76817	26	Transvaginal us, obstetric		$74	$74	*
76817	TC	Transvaginal us, obstetric		$112	$112	*
76818		Fetal biophys profile w/nst		$227	$227	*
76818	26	Fetal biophys profile w/nst		$106	$106	*
76818	TC	Fetal biophys profile w/nst		$121	$121	*
76819		Fetal biophys profil w/o nst		$198	$198	*
76820		Umbilical artery echo		$174	$174	*
76820	26	Umbilical artery echo		$51	$51	*
76820	TC	Umbilical artery echo		$123	$123	*
76821		Middle cerebral artery echo		$194	$194	*
76821	26	Middle cerebral artery echo		$71	$71	*
76821	TC	Middle cerebral artery echo		$123	$123	*
76825		Echo exam of fetal heart		$239		
76825	26	Echo exam of fetal heart		$98		
76825	TC	Echo exam of fetal heart		$142		
76826		Echo exam of fetal heart		$162		
76826	26	Echo exam of fetal heart		$111		
76826	TC	Echo exam of fetal heart		$52		
76827		Echo exam of fetal heart		$189	$189	*
76827	26	Echo exam of fetal heart		$58	$58	*
76827	TC	Echo exam of fetal heart		$130	$130	*
76828		Echo exam of fetal heart		$143		
76828	26	Echo exam of fetal heart		$61		
76828	TC	Echo exam of fetal heart		$82		
76830		Transvaginal us, non-ob		$182	$182	*
76830	26	Transvaginal us, non-ob		$67	$67	*
76830	TC	Transvaginal us, non-ob		$115	$115	*
76831		Echo exam, uterus		$186	$186	*
76831	26	Echo exam, uterus		$71	$71	*
76831	TC	Echo exam, uterus		$115	$115	*
76856		Us exam, pelvic, complete		$182	$182	*
76856	26	Us exam, pelvic, complete		$67	$67	*
76856	TC	Us exam, pelvic, complete		$115	$115	*
76857		Echo exam of pelvis		$117		

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76857	26	Echo exam of pelvis		$41		
76857	TC	Echo exam of pelvis		$76		
76870		Us exam, scrotum		$177	$177	*
76870	26	Us exam, scrotum		$62	$62	*
76870	TC	Us exam, scrotum		$115	$115	*
76872		Us, transrectal		$218	$218	*
76872	26	Us, transrectal		$67	$67	*
76872	TC	Us, transrectal		$150	$150	*
76873		Echograp trans r, pros study.		BR		
76873	26	Echograp trans r, pros study.		BR		
76873	TC	Echograp trans r, pros study.		BR		
76880		Us exam, extremity		$164	$164	*
76880	26	Us exam, extremity		$57	$57	*
76880	TC	Us exam, extremity		$106	$106	*
76885		Us exam infant hips, dynamic		$186	$186	*
76885	26	Us exam infant hips, dynamic		$72	$72	*
76885	TC	Us exam infant hips, dynamic		$115	$115	*
76886		Us exam infant hips, static		$167	$167	*
76886	26	Us exam infant hips, static		$60	$60	*
76886	TC	Us exam infant hips, static		$106	$106	*
76930		Echo guide, cardiocentesis		$181	$181	*
76930	26	Echo guide, cardiocentesis		$67	$67	*
76930	TC	Echo guide, cardiocentesis		$115	$115	*
76932		Echo guide for heart biopsy		$181	$181	*
76932	26	Echo guide for heart biopsy		$67	$67	*
76932	TC	Echo guide for heart biopsy		$115	$115	*
76936		Echo guide for artery repair		$667	$667	*
76936	26	Echo guide for artery repair		$197	$197	*
76936	TC	Echo guide for artery repair		$470	$470	*
76937		Us guide, vascular access	ZZZ	$65	$65	*
76937	26	Us guide, vascular access	ZZZ	$30	$30	*
76937	TC	Us guide, vascular access	ZZZ	$34	$34	*
76940		Us guide, tissue ablation		$337	$337	*
76940	26	Us guide, tissue ablation		$208	$208	*
76940	TC	Us guide, tissue ablation		$128	$128	*
76941		Echo guide for transfusion		$247	$247	*
76941	26	Echo guide for transfusion		$133	$133	*
76941	TC	Echo guide for transfusion		$114	$114	*
76942		Echo guide for biopsy		$272	$272	*
76942	26	Echo guide for biopsy		$65	$65	*
76942	TC	Echo guide for biopsy		$206	$206	*
76945		Echo guide, villus sampling		$180	$180	*
76945	26	Echo guide, villus sampling		$66	$66	*
76945	TC	Echo guide, villus sampling		$114	$114	*
76946		Echo guide for amniocentesis		$153	$153	*
76946	26	Echo guide for amniocentesis		$38	$38	*
76946	TC	Echo guide for amniocentesis		$115	$115	*
76948		Echo guide, ova aspiration		$152	$152	*
76948	26	Echo guide, ova aspiration		$38	$38	*
76948	TC	Echo guide, ova aspiration		$115	$115	*
76950		Echo guidance radiotherapy		$155	$155	*
76950	26	Echo guidance radiotherapy		$57	$57	*
76950	TC	Echo guidance radiotherapy		$98	$98	*
76965		Echo guidance radiotherapy.		$611		
76965	26	Echo guidance radiotherapy.		$195		
76965	TC	Echo guidance radiotherapy.		$416		
76970		Ultrasound exam follow-up		$119		
76970	26	Ultrasound exam follow-up		$43		
76970	TC	Ultrasound exam follow-up		$76		
76975		GI endoscopic ultrasound		$195	$195	*
76975	26	GI endoscopic ultrasound		$80	$80	*
76975	TC	GI endoscopic ultrasound		$115	$115	*
76977		Us bone density measure.		$85		
76977	26	Us bone density measure.		$22		
76977	TC	Us bone density measure.		$62		
76986		Ultrasound guide intraoper		$318	$318	*
76986	26	Ultrasound guide intraoper		$122	$122	*
76986	TC	Ultrasound guide intraoper		$196	$196	*
76999		Echo examination procedure		BR	BR	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
76999	26	Echo examination procedure		BR	BR	*
76999	TC	Echo examination procedure		BR	BR	*
77261		Radiation therapy planning		$150		
77262		Radiation therapy planning		$226		
77263		Radiation therapy planning		$336		
77280		Set radiation therapy field		$325		
77280	26	Set radiation therapy field		$76		
77280	TC	Set radiation therapy field		$250		
77285		Set radiation therapy field		$512		
77285	26	Set radiation therapy field		$112		
77285	TC	Set radiation therapy field		$400		
77290		Set radiation therapy field		$635		
77290	26	Set radiation therapy field		$168		
77290	TC	Set radiation therapy field		$467		
77295		Set radiation therapy field.		$2,558		
77295	26	Set radiation therapy field.		$472		
77295	TC	Set radiation therapy field.		$2,086		
77299		Radiation therapy planning		BR		
77299	26	Radiation therapy planning		BR		
77299	TC	Radiation therapy planning		BR		
77300		Radiation therapy dose plan		$160	$160	*
77300	26	Radiation therapy dose plan		$60	$60	*
77300	TC	Radiation therapy dose plan		$100	$100	*
77301		Radiotherapy dose plan, imrt		$2,861	$2,861	*
77301	26	Radiotherapy dose plan, imrt		$776	$776	*
77301	TC	Radiotherapy dose plan, imrt		$2,085	$2,085	*
77305		Radiation therapy dose plan		$210		
77305	26	Radiation therapy dose plan		$76		
77305	TC	Radiation therapy dose plan		$134		
77310		Radiation therapy dose plan		$280		
77310	26	Radiation therapy dose plan		$112		
77310	TC	Radiation therapy dose plan		$168		
77315		Radiation therapy dose plan		$360		
77315	26	Radiation therapy dose plan		$168		
77315	TC	Radiation therapy dose plan		$192		
77321		Radiation therapy port plan		$391		
77321	26	Radiation therapy port plan		$102		
77321	TC	Radiation therapy port plan		$290		
77326		Brachytx isodose calc simp		$267	$267	*
77326	26	Brachytx isodose calc simp		$91	$91	*
77326	TC	Brachytx isodose calc simp		$177	$177	*
77327		Radiation therapy dose plan		$399		
77327	26	Radiation therapy dose plan		$150		
77327	TC	Radiation therapy dose plan		$250		
77328		Radiation therapy dose plan		$579		
77328	26	Radiation therapy dose plan		$224		
77328	TC	Radiation therapy dose plan		$356		
77331		Special radiation dosimetry		$130		
77331	26	Special radiation dosimetry		$94		
77331	TC	Special radiation dosimetry		$37		
77332		Radiation treatment aid(s)		$155		
77332	26	Radiation treatment aid(s)		$59		
77332	TC	Radiation treatment aid(s)		$96		
77333		Radiation treatment aid(s)		$227		
77333	26	Radiation treatment aid(s)		$91		
77333	TC	Radiation treatment aid(s)		$137		
77334		Radiation treatment aid(s)		$364		
77334	26	Radiation treatment aid(s)		$132		
77334	TC	Radiation treatment aid(s)		$233		
77336		Radiation physics consult.		$223		
77370		Radiation physics consult		$251		
77380	26	Proton beam delivery..		BR		
77380	TC	Proton beam delivery..		BR		
77381	26	Proton beam treatment.		BR		
77381	TC	Proton beam treatment.		BR		
77399		External radiation dosimetry.		BR		
77399	26	External radiation dosimetry.		BR		
77399	TC	External radiation dosimetry.		BR		
77401		Radiation treatment delivery		$128		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
77402		Radiation treatment delivery		$128		
77403		Radiation treatment delivery		$128		
77404		Radiation treatment delivery		$128		
77406		Radiation treatment delivery		$128		
77407		Radiation treatment delivery		$150		
77408		Radiation treatment delivery		$150		
77409		Radiation treatment delivery		$150		
77411		Radiation treatment delivery		$150		
77412		Radiation treatment delivery		$168		
77413		Radiation treatment delivery		$168		
77414		Radiation treatment delivery		$168		
77416		Radiation treatment delivery		$168		
77417		Radiology port film(s)		$43		
77418		Radiation tx delivery, imrt		$1,284	$1,284	*
77427		Radiation tx management, x5.		BR		
77431		Radiation therapy management		$194		
77432		Stereotactic radiation trmt		$939		
77470		Special radiation treatment		$1,036	$1,036	*
77470	26	Special radiation treatment		$203	$203	*
77470	TC	Special radiation treatment		$832	$832	*
77499		Radiation therapy management.		BR		
77499	26	Radiation therapy management.		BR		
77499	TC	Radiation therapy management.		BR		
77520		Proton trmt, simple w/o comp		BR	BR	*
77522		Proton trmt, simple w/comp		BR	BR	*
77523		Proton trmt, intermediate		BR	BR	*
77525		Proton treatment, complex		BR	BR	*
77600		Hyperthermia treatment		$386		
77600	26	Hyperthermia treatment		$168		
77600	TC	Hyperthermia treatment		$218		
77605		Hyperthermia treatment		$515		
77605	26	Hyperthermia treatment		$224		
77605	TC	Hyperthermia treatment		$292		
77610		Hyperthermia treatment		$386		
77610	26	Hyperthermia treatment		$168		
77610	TC	Hyperthermia treatment		$218		
77615		Hyperthermia treatment		$515		
77615	26	Hyperthermia treatment		$224		
77615	TC	Hyperthermia treatment		$292		
77620		Hyperthermia treatment		$386		
77620	26	Hyperthermia treatment		$168		
77620	TC	Hyperthermia treatment		$218		
77750		Infuse radioactive materials	90	$576	$576	*
77750	26	Infuse radioactive materials	90	$477	$477	*
77750	TC	Infuse radioactive materials	90	$99	$99	*
77761		Apply intrcav radiat simple	90	$547	$547	*
77761	26	Apply intrcav radiat simple	90	$360	$360	*
77761	TC	Apply intrcav radiat simple	90	$187	$187	*
77762		Radioelement application	90	$832		
77762	26	Radioelement application	90	$573		
77762	TC	Radioelement application	90	$259		
77763		Radioelement application	90	$1,179		
77763	26	Radioelement application	90	$857		
77763	TC	Radioelement application	90	$322		
77776		Apply interstit radiat simpl	90	$591	$591	*
77776	26	Apply interstit radiat simpl	90	$427	$427	*
77776	TC	Apply interstit radiat simpl	90	$164	$164	*
77777		Radioelement application	90	$1,052		
77777	26	Radioelement application	90	$748		
77777	TC	Radioelement application	90	$304		
77778		Radioelement application	90	$1,488		
77778	26	Radioelement application	90	$1,120		
77778	TC	Radioelement application	90	$368		
77781		High intensity brachytherapy	90	$1,622		
77781	26	High intensity brachytherapy	90	$167		
77781	TC	High intensity brachytherapy	90	$1,456		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
77782		High intensity brachytherapy	90	$1,706		
77782	26	High intensity brachytherapy	90	$251		
77782	TC	High intensity brachytherapy	90	$1,456		
77783		High intensity brachytherapy	90	$1,829		
77783	26	High intensity brachytherapy	90	$374		
77783	TC	High intensity brachytherapy	90	$1,456		
77784		High intensity brachytherapy	90	$2,017		
77784	26	High intensity brachytherapy	90	$562		
77784	TC	High intensity brachytherapy	90	$1,456		
77789		Apply surface radiation	0	$142	$142	*
77789	26	Apply surface radiation	0	$109	$109	*
77789	TC	Apply surface radiation	0	$33	$33	*
77790		Radiation handling		$139	$139	*
77790	26	Radiation handling		$102	$102	*
77790	TC	Radiation handling		$37	$37	*
77799		Radium/radioisotope therapy		BR		
77799	26	Radium/radioisotope therapy		BR		
77799	TC	Radium/radioisotope therapy		BR		
78000		Thyroid, single uptake		$90		
78000	26	Thyroid, single uptake		$21		
78000	TC	Thyroid, single uptake		$70		
78001		Thyroid, multiple uptakes		$122		
78001	26	Thyroid, multiple uptakes		$28		
78001	TC	Thyroid, multiple uptakes		$94		
78003		Thyroid suppress/stimul		$105		
78003	26	Thyroid suppress/stimul		$35		
78003	TC	Thyroid suppress/stimul		$70		
78006		Thyroid,imaging with uptake		$224		
78006	26	Thyroid,imaging with uptake		$53		
78006	TC	Thyroid,imaging with uptake		$172		
78007		Thyroid, image, mult uptakes		$239		
78007	26	Thyroid, image, mult uptakes		$54		
78007	TC	Thyroid, image, mult uptakes		$185		
78010		Thyroid imaging		$172		
78010	26	Thyroid imaging		$42		
78010	TC	Thyroid imaging		$131		
78011		Thyroid imaging with flow		$222		
78011	26	Thyroid imaging with flow		$49		
78011	TC	Thyroid imaging with flow		$173		
78015		Thyroid met imaging		$258		
78015	26	Thyroid met imaging		$73		
78015	TC	Thyroid met imaging		$185		
78016		Thyroid met imaging/studies		$339		
78016	26	Thyroid met imaging/studies		$89		
78016	TC	Thyroid met imaging/studies		$250		
78018		Thyroid, met imaging, body		$491		
78018	26	Thyroid, met imaging, body		$102		
78018	TC	Thyroid, met imaging, body		$390		
78020		Thyroid met uptake....		$60		
78020	26	Thyroid met uptake....		$45		
78020	TC	Thyroid met uptake....		$14.90		
78070		Parathyroid nuclear imaging		$186		
78070	26	Parathyroid nuclear imaging		$56		
78070	TC	Parathyroid nuclear imaging		$131		
78075		Adrenal nuclear imaging		$469		
78075	26	Adrenal nuclear imaging		$80		
78075	TC	Adrenal nuclear imaging		$390		
78099		Endocrine nuclear procedure		BR		
78099	26	Endocrine nuclear procedure		BR		
78099	TC	Endocrine nuclear procedure		BR		
78102		Bone marrow imaging, ltd		$206		
78102	26	Bone marrow imaging, ltd		$60		
78102	TC	Bone marrow imaging, ltd		$147		
78103		Bone marrow imaging, mult		$308		
78103	26	Bone marrow imaging, mult		$81		
78103	TC	Bone marrow imaging, mult		$227		
78104		Bone marrow imaging, body		$378		
78104	26	Bone marrow imaging, body		$87		
78104	TC	Bone marrow imaging, body		$292		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
78110		Plasma volume, single.		$91		
78110	26	Plasma volume, single.		$20		
78110	TC	Plasma volume, single.		$71		
78111		Plasma volume, multiple		$209		
78111	26	Plasma volume, multiple		$24		
78111	TC	Plasma volume, multiple		$185		
78120		Red cell mass, single		$150		
78120	26	Red cell mass, single		$26		
78120	TC	Red cell mass, single		$125		
78121		Red cell mass, multiple		$243		
78121	26	Red cell mass, multiple		$35		
78121	TC	Red cell mass, multiple		$208		
78122		Blood volume.....		$391		
78122	26	Blood volume.....		$47		
78122	TC	Blood volume.....		$344		
78130		Red cell survival study		$271		
78130	26	Red cell survival study		$66		
78130	TC	Red cell survival study		$205		
78135		Red cell survival kinetics		$418		
78135	26	Red cell survival kinetics		$69		
78135	TC	Red cell survival kinetics		$350		
78140		Red cell sequestration		$348		
78140	26	Red cell sequestration		$66		
78140	TC	Red cell sequestration		$283		
78160		Plasma iron turnover		$298		
78160	26	Plasma iron turnover		$35		
78160	TC	Plasma iron turnover		$263		
78162		Iron absorption exam		$277		
78162	26	Iron absorption exam		$48		
78162	TC	Iron absorption exam		$229		
78170		Red cell iron utilization		$425		
78170	26	Red cell iron utilization		$44		
78170	TC	Red cell iron utilization		$381		
78172		Total body iron estimation		BR		
78172	26	Total body iron estimation		$59		
78172	TC	Total body iron estimation		BR		
78185		Spleen imaging		$213		
78185	26	Spleen imaging		$43		
78185	TC	Spleen imaging		$170		
78190		Platelet survival, kinetics		$527		
78190	26	Platelet survival, kinetics		$117		
78190	TC	Platelet survival, kinetics		$411		
78191		Platelet survival		$592		
78191	26	Platelet survival		$66		
78191	TC	Platelet survival		$526		
78195		Lymph system imaging		$423	$423	*
78195	26	Lymph system imaging		$118	$118	*
78195	TC	Lymph system imaging		$304	$304	*
78199		Blood/lymph nuclear exam		BR		
78199	26	Blood/lymph nuclear exam		BR		
78199	TC	Blood/lymph nuclear exam		BR		
78201		Liver imaging		$216		
78201	26	Liver imaging		$47		
78201	TC	Liver imaging		$170		
78202		Liver imaging with flow		$262		
78202	26	Liver imaging with flow		$56		
78202	TC	Liver imaging with flow		$207		
78205		Liver imaging (3D)....		$516		
78205	26	Liver imaging (3D)....		$75		
78205	TC	Liver imaging (3D)....		$441		
78206		Liver image (3d) w/ flow.		$516		
78206	26	Liver image (3d) w/ flow.		$89		
78206	TC	Liver image (3d) w/ flow.		$428		
78215		Liver and spleen imaging		$263		
78215	26	Liver and spleen imaging		$53		
78215	TC	Liver and spleen imaging		$210		
78216		Liver & spleen image, flow		$312		
78216	26	Liver & spleen image, flow		$62		
78216	TC	Liver & spleen image, flow		$250		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
78220		Liver function study		$320		
78220	26	Liver function study		$53		
78220	TC	Liver function study		$267		
78223		Hepatobiliary imaging		$353		
78223	26	Hepatobiliary imaging		$91		
78223	TC	Hepatobiliary imaging		$263		
78230		Salivary gland imaging		$206		
78230	26	Salivary gland imaging		$49		
78230	TC	Salivary gland imaging		$157		
78231		Serial salivary imaging		$284		
78231	26	Serial salivary imaging		$57		
78231	TC	Serial salivary imaging		$227		
78232		Salivary gland function exam		$305		
78232	26	Salivary gland function exam		$52		
78232	TC	Salivary gland function exam		$254		
78258		Esophageal motility study		$287		
78258	26	Esophageal motility study		$80		
78258	TC	Esophageal motility study		$207		
78261		Gastric mucosa imaging		$369		
78261	26	Gastric mucosa imaging		$75		
78261	TC	Gastric mucosa imaging		$294		
78262		Gastroesophageal reflux exam		$378		
78262	26	Gastroesophageal reflux exam		$74		
78262	TC	Gastroesophageal reflux exam		$305		
78264		Gastric emptying study		$380		
78264	26	Gastric emptying study		$84		
78264	TC	Gastric emptying study		$296		
78267		Breath tst attain/anal c-14		BR	BR	*
78268		Breath test analysis, c-14.		BR		
78270		Vit b-12 absorption exam		$133		
78270	26	Vit b-12 absorption exam		$22		
78270	TC	Vit b-12 absorption exam		$112		
78271		Vit b-12 absorp exam, if		$140		
78271	26	Vit b-12 absorp exam, if		$22		
78271	TC	Vit b-12 absorp exam, if		$119		
78272		Vit b-12 absorp, combined		$196		
78272	26	Vit b-12 absorp, combined		$30		
78272	TC	Vit b-12 absorp, combined		$167		
78278		Acute gi blood loss imaging		$456		
78278	26	Acute gi blood loss imaging		$107		
78278	TC	Acute gi blood loss imaging		$350		
78282		Gi protein loss exam		BR		
78282	26	Gi protein loss exam		$41		
78282	TC	Gi protein loss exam		BR		
78290		Meckel's divert exam		$294	$294	*
78290	26	Meckel's divert exam		$67	$67	*
78290	TC	Meckel's divert exam		$228	$228	*
78291		Leveen/shunt patency exam		$313		
78291	26	Leveen/shunt patency exam		$94		
78291	TC	Leveen/shunt patency exam		$220		
78299		Gi nuclear procedure		BR		
78299	26	Gi nuclear procedure		BR		
78299	TC	Gi nuclear procedure		BR		
78300		Bone imaging, limited area		$247		
78300	26	Bone imaging, limited area		$68		
78300	TC	Bone imaging, limited area		$180		
78305		Bone imaging, multiple areas		$353		
78305	26	Bone imaging, multiple areas		$90		
78305	TC	Bone imaging, multiple areas		$263		
78306		Bone imaging, whole body		$399		
78306	26	Bone imaging, whole body		$93		
78306	TC	Bone imaging, whole body		$307		
78315		Bone imaging, 3 phase		$452		
78315	26	Bone imaging, 3 phase		$110		
78315	TC	Bone imaging, 3 phase		$343		
78320		Bone imaging (3d)		$535		
78320	26	Bone imaging (3d)		$112		
78320	TC	Bone imaging (3d)		$424		
78350		Bone mineral, single photon.		$80		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
78350	26	Bone mineral, single photon.		$24		
78350	TC	Bone mineral, single photon.		$57		
78351		Bone mineral, dual photon.		$55		
78399		Musculoskeletal nuclear exam		BR		
78399	26	Musculoskeletal nuclear exam		BR		
78399	TC	Musculoskeletal nuclear exam		BR		
78414		Non-imaging heart function		BR		
78414	26	Non-imaging heart function		$48		
78414	TC	Non-imaging heart function		BR		
78428		Cardiac shunt imaging		$246		
78428	26	Cardiac shunt imaging		$84		
78428	TC	Cardiac shunt imaging		$162		
78445		Vascular flow imaging.		$191		
78445	26	Vascular flow imaging.		$52		
78445	TC	Vascular flow imaging.		$139		
78455		Venous thrombosis study		$364		
78455	26	Venous thrombosis study		$79		
78455	TC	Venous thrombosis study		$286		
78456		Acute venous thrombus image.		BR		
78456	26	Acute venous thrombus image.		BR		
78456	TC	Acute venous thrombus image.		BR		
78457		Venous thrombosis imaging.		$279		
78457	26	Venous thrombosis imaging.		$80		
78457	TC	Venous thrombosis imaging.		$199		
78458		Ven thrombosis images, bilat		$384		
78458	26	Ven thrombosis images, bilat		$96		
78458	TC	Ven thrombosis images, bilat		$288		
78459		Heart muscle imaging (PET).		BR		
78459	26	Heart muscle imaging (PET).		$225		
78459	TC	Heart muscle imaging (PET).		BR		
78460		Heart muscle blood, single.		$267		
78460	26	Heart muscle blood, single.		$90		
78460	TC	Heart muscle blood, single.		$177		
78461		Heart muscle blood, multiple.		$481		
78461	26	Heart muscle blood, multiple.		$128		
78461	TC	Heart muscle blood, multiple.		$353		
78464		Heart image (3d), single		$634	$634	*
78464	26	Heart image (3d), single		$107	$107	*
78464	TC	Heart image (3d), single		$527	$527	*
78465		Heart image (3d), multiple		$1,024	$1,024	*
78465	26	Heart image (3d), multiple		$145	$145	*
78465	TC	Heart image (3d), multiple		$880	$880	*
78466		Heart infarct image		$264		
78466	26	Heart infarct image		$75		
78466	TC	Heart infarct image		$189		
78468		Heart infarct image, ef		$348		
78468	26	Heart infarct image, ef		$86		
78468	TC	Heart infarct image, ef		$263		
78469		Heart infarct image (3D).		$486		
78469	26	Heart infarct image (3D).		$96		
78469	TC	Heart infarct image (3D).		$390		
78472		Gated heart, planar, single.		$515		
78472	26	Gated heart, planar, single.		$103		
78472	TC	Gated heart, planar, single.		$413		
78473		Gated heart, multiple.		$770		
78473	26	Gated heart, multiple.		$154		
78473	TC	Gated heart, multiple.		$616		
78478		Heart wall motion add- on.		$182		
78478	26	Heart wall motion add- on.		$65		
78478	TC	Heart wall motion add- on.		$117		
78480		Heart function add-on.		$182		
78480	26	Heart function add-on.		$65		
78480	TC	Heart function add-on.		$117		
78481		Heart first pass, single.		$493		
78481	26	Heart first pass, single.		$103		
78481	TC	Heart first pass, single.		$390		
78483		Heart first pass, multiple.		$743		
78483	26	Heart first pass, multiple.		$155		
78483	TC	Heart first pass, multiple.		$588		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
78491		Heart image (pet), single.		BR		
78491	26	Heart image (pet), single.		$196		
78491	TC	Heart image (pet), single.		BR		
78492		Heart image (pet), multiple.		BR		
78492	26	Heart image (pet), multiple.		$224		
78492	TC	Heart image (pet), multiple.		BR		
78494		Heart image, spect....		$525		
78494	26	Heart image, spect....		$112		
78494	TC	Heart image, spect....		$413		
78496		Heart first pass add- on.		$183		
78496	26	Heart first pass add- on.		$52		
78496	TC	Heart first pass add- on.		$131		
78499		Cardiovascular nuclear exam		BR		
78499	26	Cardiovascular nuclear exam		BR		
78499	TC	Cardiovascular nuclear exam		BR		
78580		Lung perfusion imaging		$327		
78580	26	Lung perfusion imaging		$80		
78580	TC	Lung perfusion imaging		$247		
78584		Lung v/q image single breath		$336		
78584	26	Lung v/q image single breath		$107		
78584	TC	Lung v/q image single breath		$229		
78585		Lung v/q imaging		$521		
78585	26	Lung v/q imaging		$117		
78585	TC	Lung v/q imaging		$404		
78586		Aerosol lung image, single		$229		
78586	26	Aerosol lung image, single		$43		
78586	TC	Aerosol lung image, single		$187		
78587		Aerosol lung image, multiple		$254		
78587	26	Aerosol lung image, multiple		$53		
78587	TC	Aerosol lung image, multiple		$201		
78588		Perfusion lung image..		$357		
78588	26	Perfusion lung image..		$100		
78588	TC	Perfusion lung image..		$257		
78591		Vent image, 1 breath, 1 proj		$248		
78591	26	Vent image, 1 breath, 1 proj		$43		
78591	TC	Vent image, 1 breath, 1 proj		$205		
78593		Vent image, 1 proj, gas		$301		
78593	26	Vent image, 1 proj, gas		$53		
78593	TC	Vent image, 1 proj, gas		$248		
78594		Vent image, mult proj, gas		$416		
78594	26	Vent image, mult proj, gas		$59		
78594	TC	Vent image, mult proj, gas		$357		
78596		Lung differential function		$644		
78596	26	Lung differential function		$136		
78596	TC	Lung differential function		$508		
78599		Respiratory nuclear exam		BR		
78599	26	Respiratory nuclear exam		BR		
78599	TC	Respiratory nuclear exam		BR		
78600		Brain imaging, ltd static		$254		
78600	26	Brain imaging, ltd static		$47		
78600	TC	Brain imaging, ltd static		$207		
78601		Brain ltd imaging & flow		$300		
78601	26	Brain ltd imaging & flow		$56		
78601	TC	Brain ltd imaging & flow		$244		
78605		Brain imaging, complete		$302		
78605	26	Brain imaging, complete		$59		
78605	TC	Brain imaging, complete		$244		
78606		Brain imaging comp & flow		$346		
78606	26	Brain imaging comp & flow		$69		
78606	TC	Brain imaging comp & flow		$278		
78607		Brain imaging (3d)		$601		
78607	26	Brain imaging (3d)		$131		
78607	TC	Brain imaging (3d)		$470		
78608		Brain imaging (pet)		BR		
78609		Brain imaging (pet)		BR		
78610		Brain flow imaging only		$146		
78610	26	Brain flow imaging only		$33		
78610	TC	Brain flow imaging only		$114		
78615		Cerebral vascular flow image		$330	$330	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
78615	26	Cerebral vascular flow image		$42	$42	*
78615	TC	Cerebral vascular flow image		$288	$288	*
78630		Cerebrospinal fluid scan		$435		
78630	26	Cerebrospinal fluid scan		$74		
78630	TC	Cerebrospinal fluid scan		$362		
78635		Csf ventriculography		$249		
78635	26	Csf ventriculography		$66		
78635	TC	Csf ventriculography		$183		
78645		Csf shunt evaluation		$308		
78645	26	Csf shunt evaluation		$62		
78645	TC	Csf shunt evaluation		$247		
78647		Cerebrospinal fluid scan		$515		
78647	26	Cerebrospinal fluid scan		$96		
78647	TC	Cerebrospinal fluid scan		$419		
78650		CSF leakage imaging		$406	$406	*
78650	26	CSF leakage imaging		$60	$60	*
78650	TC	CSF leakage imaging		$346	$346	*
78660		Nuclear exam of tear flow.		$214		
78660	26	Nuclear exam of tear flow.		$56		
78660	TC	Nuclear exam of tear flow.		$158		
78699		Nervous system nuclear exam		BR		
78699	26	Nervous system nuclear exam		BR		
78699	TC	Nervous system nuclear exam		BR		
78700		Kidney imaging, static		$266		
78700	26	Kidney imaging, static		$48		
78700	TC	Kidney imaging, static		$218		
78701		Kidney imaging with flow		$308		
78701	26	Kidney imaging with flow		$53		
78701	TC	Kidney imaging with flow		$255		
78704		Imaging renogram		$364		
78704	26	Imaging renogram		$80		
78704	TC	Imaging renogram		$284		
78707		Kidney flow/function image.		$433		
78707	26	Kidney flow/function image.		$99		
78707	TC	Kidney flow/function image.		$334		
78708		Kidney flow/function image.		$452		
78708	26	Kidney flow/function image.		$118		
78708	TC	Kidney flow/function image.		$334		
78709		Kidney flow/function image.		$467		
78709	26	Kidney flow/function image.		$133		
78709	TC	Kidney flow/function image.		$334		
78710		Kidney imaging (3D)...		$511		
78710	26	Kidney imaging (3D)...		$70		
78710	TC	Kidney imaging (3D)...		$441		
78715		Renal vascular flow exam		$146		
78715	26	Renal vascular flow exam		$33		
78715	TC	Renal vascular flow exam		$114		
78725		Kidney function study.		$172		
78725	26	Kidney function study.		$39		
78725	TC	Kidney function study.		$133		
78730		Urinary bladder retention		$143		
78730	26	Urinary bladder retention		$38		
78730	TC	Urinary bladder retention		$105		
78740		Ureteral reflux study.		$217		
78740	26	Ureteral reflux study.		$59		
78740	TC	Ureteral reflux study.		$158		
78760		Testicular imaging		$264		
78760	26	Testicular imaging		$71		
78760	TC	Testicular imaging		$193		
78761		Testicular imaging & flow		$306		
78761	26	Testicular imaging & flow		$77		
78761	TC	Testicular imaging & flow		$229		
78799		Genitourinary nuclear exam		BR		
78799	26	Genitourinary nuclear exam		BR		
78799	TC	Genitourinary nuclear exam		BR		
78800		Tumor imaging, limited area		$319	$319	*
78800	26	Tumor imaging, limited area		$65	$65	*
78800	TC	Tumor imaging, limited area		$254	$254	*
78801		Tumor imaging, mult areas		$388		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
78801	26	Tumor imaging, mult areas		$85		
78801	TC	Tumor imaging, mult areas		$304		
78802		Tumor imaging, whole body		$498	$498	*
78802	26	Tumor imaging, whole body		$84	$84	*
78802	TC	Tumor imaging, whole body		$413	$413	*
78803		Tumor imaging (3D)....		$602		
78803	26	Tumor imaging (3D)....		$113		
78803	TC	Tumor imaging (3D)....		$490		
78804		Tumor imaging, whole body		$910	$910	*
78804	26	Tumor imaging, whole body		$105	$105	*
78804	TC	Tumor imaging, whole body		$805	$805	*
78805		Abscess imaging, ltd area		$325	$325	*
78805	26	Abscess imaging, ltd area.		$76		
78805	TC	Abscess imaging, ltd area.		$254		
78806		Abscess imaging, whole body		$544		
78806	26	Abscess imaging, whole body		$83		
78806	TC	Abscess imaging, whole body		$462		
78807		Nuclear localization/abscess		$586		
78807	26	Nuclear localization/abscess		$117		
78807	TC	Nuclear localization/abscess		$470		
78811		Tumor imaging (pet), limited		BR	BR	*
78811	26	Tumor imaging (pet), limited		$117	$117	*
78811	TC	Tumor imaging (pet), limited		BR	BR	*
78812		Tumor image (pet)/skul-thigh		BR	BR	*
78812	26	Tumor image (pet)/skul-thigh		$145	$145	*
78812	TC	Tumor image (pet)/skul-thigh		BR	BR	*
78813		Tumor image (pet) full body		BR	BR	*
78813	26	Tumor image (pet) full body		$150	$150	*
78813	TC	Tumor image (pet) full body		BR	BR	*
78814		Tumor image pet/ct, limited		BR	BR	*
78814	26	Tumor image pet/ct, limited		$164	$164	*
78814	TC	Tumor image pet/ct, limited		BR	BR	*
78815		Tumorimage pet/ct skul-thigh		BR	BR	*
78815	26	Tumorimage pet/ct skul-thigh		$181	$181	*
78815	TC	Tumorimage pet/ct skul-thigh		BR	BR	*
78816		Tumor image pet/ct full body		BR	BR	*
78816	26	Tumor image pet/ct full body		$185	$185	*
78816	TC	Tumor image pet/ct full body		BR	BR	*
78890		Nuclear medicine data proc		$98		
78890	26	Nuclear medicine data proc		$5		
78890	TC	Nuclear medicine data proc		$94		
78891		Nuclear med data proc		$201		
78891	26	Nuclear med data proc		$12		
78891	TC	Nuclear med data proc		$189		
78999		Nuclear diagnostic exam		BR		
78999	26	Nuclear diagnostic exam		BR		
78999	TC	Nuclear diagnostic exam		BR		
79005		Nuclear rx, oral admin		$371	$371	*
79005	26	Nuclear rx, oral admin		$176	$176	*
79005	TC	Nuclear rx, oral admin		$196	$196	*
79101		Nuclear rx, iv admin		$388	$388	*
79101	26	Nuclear rx, iv admin		$192	$192	*
79101	TC	Nuclear rx, iv admin		$196	$196	*
79200		Nuclear rx, intracav admin		$392	$392	*
79200	26	Nuclear rx, intracav admin		$196	$196	*
79200	TC	Nuclear rx, intracav admin		$196	$196	*
79300		Nuclr rx, interstit colloid		BR	BR	*
79300	26	Nuclr rx, interstit colloid		$162	$162	*
79300	TC	Nuclr rx, interstit colloid		BR	BR	*
79403		Hematopoietic nuclear tx		$542	$542	*
79403	26	Hematopoietic nuclear tx		$230	$230	*
79403	TC	Hematopoietic nuclear tx		$313	$313	*
79440		Nuclear rx, intra-articular		$393	$393	*
79440	26	Nuclear rx, intra-articular		$198	$198	*
79440	TC	Nuclear rx, intra-articular		$196	$196	*
79445		Nuclear rx, intra-arterial		$434	$434	*
79445	26	Nuclear rx, intra-arterial		$237	$237	*
79445	TC	Nuclear rx, intra-arterial		$197	$197	*
79999		Nuclear medicine therapy		BR	BR	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
79999	26	Nuclear medicine therapy		BR	BR	*
79999	TC	Nuclear medicine therapy		BR	BR	*
80048		Basic metabolic panel.		BR		
80050		General health panel..		BR		*
80050	26	General health panel..		BR		*
80050	TC	General health panel..		BR		*
80051		Electrolyte panel.....		$1,003		
80053		Comprehen metabolic panel.		BR		
80055		Obstetric panel.....		$106		
80055	26	Obstetric panel.....		$43		
80055	TC	Obstetric panel.....		$63		
80061		Lipid panel		$88		
80061	26	Lipid panel		$43		
80061	TC	Lipid panel		$45		
80069		Renal function panel..		BR		
80074		Acute hepatitis panel.		BR		
80076		Hepatic function panel		BR		
80100		Drug screen		$71		*
80100	26	Drug screen		$20		*
80100	TC	Drug screen		$51		*
80101		Drug screen		$65		*
80101	26	Drug screen		$18		*
80101	TC	Drug screen		$47		*
80102		Drug confirmation		$106		*
80102	26	Drug confirmation		$33		*
80102	TC	Drug confirmation		$73		*
80103		Drug analysis, tissue		BR		
80103	26	Drug analysis, tissue		BR		
80103	TC	Drug analysis, tissue		BR		
80150		Assay of amikacin		$75		
80150	26	Assay of amikacin		$24		
80150	TC	Assay of amikacin		$51		
80152		Assay of amitriptyline		$81		
80152	26	Assay of amitriptyline		$26		
80152	TC	Assay of amitriptyline		$55		
80154		Assay of benzodiazepin		$92		
80154	26	Assay of benzodiazepin		$29		
80154	TC	Assay of benzodiazepin		$63		
80156		Assay carbamazepine		$65		*
80156	26	Assay carbamazepine		$20		*
80156	TC	Assay carbamazepine		$45		*
80157		Assay carbamazepine, free		BR	BR	*
80158		Assay of cyclosporine		BR		
80158	26	Assay of cyclosporine		BR		
80158	TC	Assay of cyclosporine		BR		
80160		Assay of desipramine		BR		
80160	26	Assay of desipramine		BR		
80160	TC	Assay of desipramine		BR		
80162		Assay for digoxin		$61		
80162	26	Assay for digoxin		$18		
80162	TC	Assay for digoxin		$43		
80164		Assay, dipropylacetic		BR		
80164	26	Assay, dipropylacetic		BR		
80164	TC	Assay, dipropylacetic		BR		
80166		Assay of doxepin		$65		
80166	26	Assay of doxepin		$18		
80166	TC	Assay of doxepin		$47		
80168		Assay of ethosuximide		$82		
80168	26	Assay of ethosuximide		$33		
80168	TC	Assay of ethosuximide		$49		
80170		Gentamicin		$84		
80170	26	Gentamicin		$29		
80170	TC	Gentamicin		$55		
80172		Assay for gold		$83		
80172	26	Assay for gold		$24		
80172	TC	Assay for gold		$59		
80173		Assay haloperidol		BR	BR	*
80174		Assay of imipramine		$77		
80174	26	Assay of imipramine		$22		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
80174	TC	Assay of imipramine		$55		
80176		Assay for lidocaine		$65		
80176	26	Assay for lidocaine		$20		
80176	TC	Assay for lidocaine		$45		
80178		Assay for lithium		$32		
80178	26	Assay for lithium		$12		
80178	TC	Assay for lithium		$20		
80182		Assay for nortriptylin		BR		
80182	26	Assay for nortriptylin		BR		
80182	TC	Assay for nortriptylin		BR		
80184		Assay for phenobarbita		BR		
80184	26	Assay for phenobarbita		BR		
80184	TC	Assay for phenobarbita		BR		
80185		Assay for phenytoin		$67		
80185	26	Assay for phenytoin		$18		
80185	TC	Assay for phenytoin		$49		
80186		Assay for phenytoin, f		BR		
80186	26	Assay for phenytoin, f		BR		
80186	TC	Assay for phenytoin, f		BR		
80188		Assay for primidone		$65		
80188	26	Assay for primidone		$20		
80188	TC	Assay for primidone		$45		
80190		Assay for procainamide		$77		
80190	26	Assay for procainamide		$24		
80190	TC	Assay for procainamide		$53		
80192		Assay for procainamide		BR		
80192	26	Assay for procainamide		BR		
80192	TC	Assay for procainamide		BR		
80194		Assay for quinidine		$61		
80194	26	Assay for quinidine		$18		
80194	TC	Assay for quinidine		$43		
80196		Assay for salicylate		$34		
80196	26	Assay for salicylate		$10		
80196	TC	Assay for salicylate		$24		
80197		Assay of tacrolimus...		BR		
80198		Assay for theophylline		$51		
80198	26	Assay for theophylline		$12		
80198	TC	Assay for theophylline		$39		
80200		Assay for tobramycin		$79		
80200	26	Assay for tobramycin		$26		
80200	TC	Assay for tobramycin		$53		
80201		Assay of topiramate...		BR		
80202		Assay for vancomycin		BR		
80202	26	Assay for vancomycin		BR		
80202	TC	Assay for vancomycin		BR		
80299		Quantitative assay, dr		BR		
80299	26	Quantitative assay, dr		BR		
80299	TC	Quantitative assay, dr		BR		
80400		Acth stimulation panel		$141		
80400	26	Acth stimulation panel		$41		
80400	TC	Acth stimulation panel		$100		
80402		Acth stimulation panel		$254		
80402	26	Acth stimulation panel		$79		
80402	TC	Acth stimulation panel		$175		
80406		Acth stimulation panel		$254		
80406	26	Acth stimulation panel		$79		
80406	TC	Acth stimulation panel		$175		
80408		Aldosterone suppressio		$312		
80408	26	Aldosterone suppressio		$102		
80408	TC	Aldosterone suppressio		$210		
80410		Calcitonin stimul panel.		$289		
80410	26	Calcitonin stimul panel.		$92		
80410	TC	Calcitonin stimul panel.		$197		
80412		CRH stimulation panel		$570		
80412	26	CRH stimulation panel		$163		
80412	TC	CRH stimulation panel		$407		
80414		Testosterone response		$306		
80414	26	Testosterone response		$98		
80414	TC	Testosterone response		$208		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
80415		Estradiol response pan		$252		
80415	26	Estradiol response pan		$61		
80415	TC	Estradiol response pan		$191		
80416		Renin stimulation panel.		BR		
80417		Renin stimulation panel.		BR		
80418		Pituitary evaluation p		$1,303		
80418	26	Pituitary evaluation p		$350		
80418	TC	Pituitary evaluation p		$953		
80420		Dexamethasone panel		$197		
80420	26	Dexamethasone panel		$61		
80420	TC	Dexamethasone panel		$136		
80422		Glucagon tolerance pan		$116		
80422	26	Glucagon tolerance pan		$35		
80422	TC	Glucagon tolerance pan		$81		
80424		Glucagon tolerance pan		$173		
80424	26	Glucagon tolerance pan		$51		
80424	TC	Glucagon tolerance pan		$122		
80426		Gonadotropin hormone p		$269		
80426	26	Gonadotropin hormone p		$53		
80426	TC	Gonadotropin hormone p		$216		
80428		Growth hormone panel		$171		
80428	26	Growth hormone panel		$37		
80428	TC	Growth hormone panel		$134		
80430		Growth hormone panel		$183		
80430	26	Growth hormone panel		$47		
80430	TC	Growth hormone panel		$136		
80432		Insulin suppression pa		$448		
80432	26	Insulin suppression pa		$106		
80432	TC	Insulin suppression pa		$342		
80434		Insulin tolerance pane		$214		
80434	26	Insulin tolerance pane		$61		
80434	TC	Insulin tolerance pane		$153		
80435		Insulin tolerance pane		$220		
80435	26	Insulin tolerance pane		$61		
80435	TC	Insulin tolerance pane		$159		
80436		Metyrapone panel		$222		
80436	26	Metyrapone panel		$65		
80436	TC	Metyrapone panel		$157		
80438		TRH stimulation panel		$89		
80438	26	TRH stimulation panel		$22		
80438	TC	TRH stimulation panel		$67		
80439		TRH stimulation panel		$119		
80439	26	TRH stimulation panel		$29		
80439	TC	TRH stimulation panel		$90		
80440		TRH stimulation panel		$149		
80440	26	TRH stimulation panel		$49		
80440	TC	TRH stimulation panel		$100		
80500		Lab pathology consulta		$63		
80500	26	Lab pathology consulta		$63		
80500	TC	Lab pathology consulta		$0		
80502		Lab pathology consulta		$132		
80502	26	Lab pathology consulta		$132		
80502	TC	Lab pathology consulta		$0		
81000		Urinalysis, nonauto w/ scope.		$16		
81000	26	Urinalysis, nonauto w/ scope.		$7		
81000	TC	Urinalysis, nonauto w/ scope.		$9		
81001		Urinalysis, auto w/ scope.		$16		
81001	26	Urinalysis, auto w/ scope.		$7		
81001	TC	Urinalysis, auto w/ scope.		$9		
81002		Urinalysis nonauto w/o scope.		$14		
81002	26	Urinalysis nonauto w/o scope.		$7		
81002	TC	Urinalysis nonauto w/o scope.		$7		
81003		Urinalysis, auto, w/o scope.		$10		
81003	26	Urinalysis, auto, w/o scope.		$4		
81003	TC	Urinalysis, auto, w/o scope.		$6		
81005		Urinalysis		$6		
81005	26	Urinalysis		$2		
81005	TC	Urinalysis		$4		
81007		Urine screen for bacte		$6		*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
81007	26	Urine screen for bacte		$2		*
81007	TC	Urine screen for bacte		$4		*
81015		Microscopic exam of ur		$10		
81015	26	Microscopic exam of ur		$4		
81015	TC	Microscopic exam of ur		$6		
81020		Urinalysis, glass test		BR		
81025		Urine pregnancy test		$8		
81025	26	Urine pregnancy test		$4		
81025	TC	Urine pregnancy test		$4		
81050		Urinalysis, volume mea		BR		
81050	26	Urinalysis, volume mea		BR		
81050	TC	Urinalysis, volume mea		BR		
81099		Urinalysis test proced		BR		
81099	26	Urinalysis test proced		BR		
81099	TC	Urinalysis test proced		BR		
82000		Assay blood acetaldehy		$47		
82000	26	Assay blood acetaldehy		$14		
82000	TC	Assay blood acetaldehy		$33		
82003		Assay acetaminophen		$67		
82003	26	Assay acetaminophen		$18		
82003	TC	Assay acetaminophen		$49		
82009		Test for acetone/keton		$18		
82009	26	Test for acetone/keton		$6		
82009	TC	Test for acetone/keton		$12		
82010		Acetone assay		$43		
82010	26	Acetone assay		$14		
82010	TC	Acetone assay		$29		
82013		Acetylcholinesterase a		$47		
82013	26	Acetylcholinesterase a		$14		
82013	TC	Acetylcholinesterase a		$33		
82016		Acylcarnitines, qual..		BR		
82017		Acylcarnitines, quant.		BR		
82024		ACTH		$143		
82024	26	ACTH		$43		
82024	TC	ACTH		$100		
82030		ADP & AMP		$82		
82030	26	ADP & AMP		$33		
82030	TC	ADP & AMP		$49		
82040		Assay serum albumin		$20		
82040	26	Assay serum albumin		$6		
82040	TC	Assay serum albumin		$14		
82042		Assay urine albumin		$22		*
82042	26	Assay urine albumin		$6		*
82042	TC	Assay urine albumin		$16		*
82043		Microalbumin, quantita		BR		
82043	26	Microalbumin, quantita		BR		
82043	TC	Microalbumin, quantita		BR		
82044		Microalbumin, semiquan		BR		
82044	26	Microalbumin, semiquan		BR		
82044	TC	Microalbumin, semiquan		BR		
82045		Albumin, ischemia modified		BR	BR	*
82055		Assay ethanol		$61		
82055	26	Assay ethanol		$18		
82055	TC	Assay ethanol		$43		
82075		Assay breath ethanol		$59		
82075	26	Assay breath ethanol		$18		
82075	TC	Assay breath ethanol		$41		
82085		Assay of aldolase		$47		
82085	26	Assay of aldolase		$14		
82085	TC	Assay of aldolase		$33		
82088		Aldosterone		$169		
82088	26	Aldosterone		$53		
82088	TC	Aldosterone		$116		
82101		Assay of urine alkaloi		$112		
82101	26	Assay of urine alkaloi		$35		
82101	TC	Assay of urine alkaloi		$77		
82103		Alpha-1-antitrypsin, t		BR		
82103	26	Alpha-1-antitrypsin, t		BR		
82103	TC	Alpha-1-antitrypsin, t		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82104		Alpha-1-antitrypsin, p		BR		
82104	26	Alpha-1-antitrypsin, p		BR		
82104	TC	Alpha-1-antitrypsin, p		BR		
82105		Alpha-fetoprotein, ser		BR		
82105	26	Alpha-fetoprotein, ser		BR		
82105	TC	Alpha-fetoprotein, ser		BR		
82106		Alpha-fetoprotein; amn		BR		
82106	26	Alpha-fetoprotein; amn		BR		
82106	TC	Alpha-fetoprotein; amn		BR		
82108		Assay, aluminum		$85		
82108	26	Assay, aluminum		$26		
82108	TC	Assay, aluminum		$59		
82120		Amines, vaginal fluid qual.		BR		
82127		Amino acid, single qual.		$54		
82127	26	Amino acid, single qual.		$14		
82127	TC	Amino acid, single qual.		$40		
82128		Amino acids, mult qual		$54		
82128	26	Amino acids, mult qual		$14		
82128	TC	Amino acids, mult qual		$40		
82131		Amino acids, single quant.		BR		
82131	26	Amino acids, single quant.		BR		
82131	TC	Amino acids, single quant.		BR		
82135		Assay, aminolevulinic		$77		
82135	26	Assay, aminolevulinic		$24		
82135	TC	Assay, aminolevulinic		$53		
82136		Amino acids, quant, 2- 5.		BR		
82136	26	Amino acids, quant, 2- 5.		BR		
82136	TC	Amino acids, quant, 2- 5.		BR		
82139		Amino acids, quan, 6 or more.		BR		
82139	26	Amino acids, quan, 6 or more.		BR		
82139	TC	Amino acids, quan, 6 or more.		BR		
82140		Assay of ammonia		$75		
82140	26	Assay of ammonia		$22		
82140	TC	Assay of ammonia		$53		
82143		Amniotic fluid scan		$53		
82143	26	Amniotic fluid scan		$16		
82143	TC	Amniotic fluid scan		$37		
82145		Assay of amphetamines		$65		
82145	26	Assay of amphetamines		$18		
82145	TC	Assay of amphetamines		$47		
82150		Assay of amylase		$30		
82150	26	Assay of amylase		$10		
82150	TC	Assay of amylase		$20		
82154		Androstanediol glucuro		BR		
82154	26	Androstanediol glucuro		BR		
82154	TC	Androstanediol glucuro		BR		
82157		Assay of androstenedio		$108		
82157	26	Assay of androstenedio		$33		
82157	TC	Assay of androstenedio		$75		
82160		Androsterone assay		$122		
82160	26	Androsterone assay		$41		
82160	TC	Androsterone assay		$81		
82163		Assay of angiotensin I		$79		
82163	26	Assay of angiotensin I		$22		
82163	TC	Assay of angiotensin I		$57		
82164		Angiotensin I enzyme t		$59		
82164	26	Angiotensin I enzyme t		$18		
82164	TC	Angiotensin I enzyme t		$41		
82172		Apolipoprotein		$65		
82172	26	Apolipoprotein		$20		
82172	TC	Apolipoprotein		$45		
82175		Assay of arsenic		$90		
82175	26	Assay of arsenic		$29		
82175	TC	Assay of arsenic		$61		
82180		Assay of ascorbic acid		$49		
82180	26	Assay of ascorbic acid		$16		
82180	TC	Assay of ascorbic acid		$33		
82190		Atomic absorption		BR		
82190	26	Atomic absorption		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82190	TC	Atomic absorption		BR		
82205		Assay of barbiturates		$63		
82205	26	Assay of barbiturates		$18		
82205	TC	Assay of barbiturates		$45		
82232		Beta-2 protein		$81		
82232	26	Beta-2 protein		$26		
82232	TC	Beta-2 protein		$55		
82239		Bile acids, total		BR		
82239	26	Bile acids, total		BR		
82239	TC	Bile acids, total		BR		
82240		Bile acids, cholylglyc		$92		
82240	26	Bile acids, cholylglyc		$29		
82240	TC	Bile acids, cholylglyc		$63		
82247		Bilirubin, total.....		BR		
82247	26	Bilirubin, total.....		BR		
82247	TC	Bilirubin, total.....		BR		
82248		Bilirubin, direct.....		BR		
82248	26	Bilirubin, direct.....		BR		
82248	TC	Bilirubin, direct.....		BR		
82252		Fecal bilirubin test		$20		
82252	26	Fecal bilirubin test		$6		
82252	TC	Fecal bilirubin test		$14		
82261		Assay of biotinidase..		BR		
82270		Test for blood, feces.		$12		*
82270	26	Test for blood, feces.		$5		*
82270	TC	Test for blood, feces.		$7		*
82273		Test for blood, other		$16		*
82273	26	Test for blood, other		$4		*
82273	TC	Test for blood, other		$12		*
82274		Assay test for blood, fecal		BR	BR	*
82286		Assay of bradykinin		$22		
82286	26	Assay of bradykinin		$6		
82286	TC	Assay of bradykinin		$16		
82300		Assay cadmium		$90		
82300	26	Assay cadmium		$29		
82300	TC	Assay cadmium		$61		
82306		Assay of vitamin D		$147		
82306	26	Assay of vitamin D		$49		
82306	TC	Assay of vitamin D		$98		
82307		Assay of vitamin D		$108		
82307	26	Assay of vitamin D		$37		
82307	TC	Assay of vitamin D		$71		
82308		Assay of calcitonin		$116		
82308	26	Assay of calcitonin		$35		
82308	TC	Assay of calcitonin		$81		
82310		Assay calcium		$20		
82310	26	Assay calcium		$6		
82310	TC	Assay calcium		$14		
82330		Assay calcium		$69		
82330	26	Assay calcium		$20		
82330	TC	Assay calcium		$49		
82331		Calcium infusion test		$26		
82331	26	Calcium infusion test		$8		
82331	TC	Calcium infusion test		$18		
82340		Assay calcium in urine		$24		
82340	26	Assay calcium in urine		$8		
82340	TC	Assay calcium in urine		$16		
82355		Calculus (stone) analy		$57		*
82355	26	Calculus (stone) analy		$18		*
82355	TC	Calculus (stone) analy		$39		*
82360		Calculus (stone) assay		$57		
82360	26	Calculus (stone) assay		$18		
82360	TC	Calculus (stone) assay		$39		
82365		Calculus (stone) assay		$57		
82365	26	Calculus (stone) assay		$16		
82365	TC	Calculus (stone) assay		$41		
82370		X-ray assay,calculus (		$43		
82370	26	X-ray assay,calculus (		$14		
82370	TC	X-ray assay,calculus (		$29		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82373		Assay c-d transfer measure		BR	BR	*
82374		Assay blood carbon dio		$18		
82374	26	Assay blood carbon dio		$6		
82374	TC	Assay blood carbon dio		$12		
82375		Assay blood carbon mon		$63		
82375	26	Assay blood carbon mon		$18		
82375	TC	Assay blood carbon mon		$45		
82376		Test for carbon monoxi		$20		
82376	26	Test for carbon monoxi		$6		
82376	TC	Test for carbon monoxi		$14		
82378		Carcinoembryonic antig		BR		
82378	26	Carcinoembryonic antig		BR		
82378	TC	Carcinoembryonic antig		BR		
82379		Assay of carnitine....		BR		
82380		Assay carotene		$41		
82380	26	Assay carotene		$12		
82380	TC	Assay carotene		$29		
82382		Assay urine catecholam		$71		
82382	26	Assay urine catecholam		$22		
82382	TC	Assay urine catecholam		$49		
82383		Assay blood catecholam		$116		
82383	26	Assay blood catecholam		$35		
82383	TC	Assay blood catecholam		$81		
82384		Assay three catecholam		$116		
82384	26	Assay three catecholam		$35		
82384	TC	Assay three catecholam		$81		
82387		Cathepsin-D		BR		
82387	26	Cathepsin-D		BR		
82387	TC	Cathepsin-D		BR		
82390		Assay ceruloplasmin		$47		
82390	26	Assay ceruloplasmin		$14		
82390	TC	Assay ceruloplasmin		$33		
82397		Chemiluminescent assay		BR		
82397	26	Chemiluminescent assay		BR		
82397	TC	Chemiluminescent assay		BR		
82415		Assay chloramphenicol		$53		
82415	26	Assay chloramphenicol		$16		
82415	TC	Assay chloramphenicol		$37		
82435		Assay blood chloride		$16		
82435	26	Assay blood chloride		$4		
82435	TC	Assay blood chloride		$12		
82436		Assay urine chloride		$26		
82436	26	Assay urine chloride		$8		
82436	TC	Assay urine chloride		$18		
82438		Assay other fluid chlo		$24		
82438	26	Assay other fluid chlo		$8		
82438	TC	Assay other fluid chlo		$16		
82441		Test for chlorohydroca		$30		
82441	26	Test for chlorohydroca		$10		
82441	TC	Test for chlorohydroca		$20		
82465		Assay serum cholestero		$16		*
82465	26	Assay serum cholestero		$4		*
82465	TC	Assay serum cholestero		$12		*
82480		Assay serum cholineste		$45		
82480	26	Assay serum cholineste		$12		
82480	TC	Assay serum cholineste		$33		
82482		Assay rbc cholinestera		$53		
82482	26	Assay rbc cholinestera		$16		
82482	TC	Assay rbc cholinestera		$37		
82485		Assay chondroitin sulf		$69		
82485	26	Assay chondroitin sulf		$16		
82485	TC	Assay chondroitin sulf		$53		
82486		Gas/liquid chromatography.		$79		
82486	26	Gas/liquid chromatography.		$26		
82486	TC	Gas/liquid chromatography.		$53		
82487		Paper chromatography		$81		
82487	26	Paper chromatography		$26		
82487	TC	Paper chromatography		$55		
82488		Paper chromatography		$108		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82488	26	Paper chromatography		$37		
82488	TC	Paper chromatography		$71		
82489		Thin layer chromatogra		$88		
82489	26	Thin layer chromatogra		$29		
82489	TC	Thin layer chromatogra		$59		
82491		Chromotography, quant, sing.		BR		
82491	26	Chromotography, quant, sing.		BR		
82491	TC	Chromotography, quant, sing.		BR		
82492		Chromotography, quant, mult.		BR		
82495		Assay chromium		$90		
82495	26	Assay chromium		$31		
82495	TC	Assay chromium		$59		
82507		Assay citrate		$104		
82507	26	Assay citrate		$31		
82507	TC	Assay citrate		$73		
82520		Assay for cocaine		$51		
82520	26	Assay for cocaine		$16		
82520	TC	Assay for cocaine		$35		
82523		Collagen crosslinks...		BR		
82525		Assay copper		$63		
82525	26	Assay copper		$18		
82525	TC	Assay copper		$45		
82528		Assay corticosterone		$75		
82528	26	Assay corticosterone		$24		
82528	TC	Assay corticosterone		$51		
82530		Cortisol, free		BR		
82530	26	Cortisol, free		BR		
82530	TC	Cortisol, free		BR		
82533		Total cortisol		$65		
82533	26	Total cortisol		$18		
82533	TC	Total cortisol		$47		
82540		Assay creatine		$18		
82540	26	Assay creatine		$6		
82540	TC	Assay creatine		$12		
82541		Column chromotography, qual.		BR		*
82542		Column chromotography, quant.		BR		
82543		Column chromotograph/ isotope.		BR		
82544		Column chromotograph/ isotope.		BR		
82550		Assay CK (CPK)		$30		
82550	26	Assay CK (CPK)		$8		
82550	TC	Assay CK (CPK)		$22		
82552		Assay CPK in blood		$61		
82552	26	Assay CPK in blood		$18		
82552	TC	Assay CPK in blood		$43		
82553		Creatine, MB fraction		BR		
82553	26	Creatine, MB fraction		BR		
82553	TC	Creatine, MB fraction		BR		
82554		Creatine, isoforms		BR		
82554	26	Creatine, isoforms		BR		
82554	TC	Creatine, isoforms		BR		
82565		Assay creatinine		$24		
82565	26	Assay creatinine		$4		
82565	TC	Assay creatinine		$20		
82570		Assay urine creatinine		$24		
82570	26	Assay urine creatinine		$6		
82570	TC	Assay urine creatinine		$18		
82575		Creatinine clearance t		$49		
82575	26	Creatinine clearance t		$16		
82575	TC	Creatinine clearance t		$33		
82585		Assay cryofibrinogen		$28		
82585	26	Assay cryofibrinogen		$6		
82585	TC	Assay cryofibrinogen		$22		
82595		Assay cryoglobulin		$32		*
82595	26	Assay cryoglobulin		$10		*
82595	TC	Assay cryoglobulin		$22		*
82600		Assay cyanide		$75		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82600	26	Assay cyanide		$22		
82600	TC	Assay cyanide		$53		
82607		Vitamin B-12		$77		
82607	26	Vitamin B-12		$22		
82607	TC	Vitamin B-12		$55		
82608		B-12 binding capacity		$75		
82608	26	B-12 binding capacity		$24		
82608	TC	B-12 binding capacity		$51		
82615		Test for urine cystine		$32		
82615	26	Test for urine cystine		$10		
82615	TC	Test for urine cystine		$22		
82626		Dehydroepiandrosterone		$112		
82626	26	Dehydroepiandrosterone		$37		
82626	TC	Dehydroepiandrosterone		$75		
82627		Dehydroepiandrosterone		BR		
82627	26	Dehydroepiandrosterone		BR		
82627	TC	Dehydroepiandrosterone		BR		
82633		Desoxycorticosterone		$151		
82633	26	Desoxycorticosterone		$45		
82633	TC	Desoxycorticosterone		$106		
82634		Deoxycortisol		$151		
82634	26	Deoxycortisol		$45		
82634	TC	Deoxycortisol		$106		
82638		Assay dibucaine number		$45		
82638	26	Assay dibucaine number		$14		
82638	TC	Assay dibucaine number		$31		
82646		Assay of dihydrocodein		$69		
82646	26	Assay of dihydrocodein		$20		
82646	TC	Assay of dihydrocodein		$49		
82649		Assay of dihydromorphi		$82		
82649	26	Assay of dihydromorphi		$33		
82649	TC	Assay of dihydromorphi		$49		
82651		Dihydrotestosterone as		$82		
82651	26	Dihydrotestosterone as		$33		
82651	TC	Dihydrotestosterone as		$49		
82652		Assay, dihydroxyvitami		$165		
82652	26	Assay, dihydroxyvitami		$49		
82652	TC	Assay, dihydroxyvitami		$116		
82654		Assay of dimethadione		$69		
82654	26	Assay of dimethadione		$20		
82654	TC	Assay of dimethadione		$49		
82656		Pancreatic elastase, fecal		BR	BR	*
82657		Enzyme cell activity..		BR		
82658		Enzyme cell activity, ra.		BR		
82664		Electrophoretic test		$75		
82664	26	Electrophoretic test		$24		
82664	TC	Electrophoretic test		$51		
82666		Epiandrosterone assay		$110		
82666	26	Epiandrosterone assay		$33		
82666	TC	Epiandrosterone assay		$77		
82668		Erythropoietin		$85		
82668	26	Erythropoietin		$26		
82668	TC	Erythropoietin		$59		
82670		Estradiol		$114		
82670	26	Estradiol		$35		
82670	TC	Estradiol		$79		
82671		Estrogens assay		$114		
82671	26	Estrogens assay		$33		
82671	TC	Estrogens assay		$81		
82672		Estrogen assay		$108		
82672	26	Estrogen assay		$31		
82672	TC	Estrogen assay		$77		
82677		Estriol		$98		
82677	26	Estriol		$33		
82677	TC	Estriol		$65		
82679		Estrone		$129		
82679	26	Estrone		$39		
82679	TC	Estrone		$90		
82690		Ethchlorvynol		$100		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82690	26	Ethchlorvynol		$41		
82690	TC	Ethchlorvynol		$59		
82693		Ethylene glycol		BR		
82693	26	Ethylene glycol		BR		
82693	TC	Ethylene glycol		BR		
82696		Etiocholanolone		$108		
82696	26	Etiocholanolone		$37		
82696	TC	Etiocholanolone		$71		
82705		Fats/lipids,feces,qual		$26		
82705	26	Fats/lipids,feces,qual		$10		
82705	TC	Fats/lipids,feces,qual		$16		
82710		Fats/lipids,feces,quan		$79		
82710	26	Fats/lipids,feces,quan		$24		
82710	TC	Fats/lipids,feces,quan		$55		
82715		Fecal fat assay		$61		
82715	26	Fecal fat assay		$20		
82715	TC	Fecal fat assay		$41		
82725		Assay blood fatty acid		$53		
82725	26	Assay blood fatty acid		$16		
82725	TC	Assay blood fatty acid		$37		
82726		Long chain fatty acids		BR		
82728		Assay ferritin		$47		
82728	26	Assay ferritin		$14		
82728	TC	Assay ferritin		$33		
82731		Assay of fetal fibronectin.		BR		
82735		Assay fluoride		$67		
82735	26	Assay fluoride		$22		
82735	TC	Assay fluoride		$45		
82742		Assay of flurazepam		$79		
82742	26	Assay of flurazepam		$24		
82742	TC	Assay of flurazepam		$55		
82746		Blood folic acid serum		$73		
82746	26	Blood folic acid serum		$24		
82746	TC	Blood folic acid serum		$49		
82747		Folic acid, RBC		BR		
82747	26	Folic acid, RBC		BR		
82747	TC	Folic acid, RBC		BR		
82757		Assay semen fructose		$67		
82757	26	Assay semen fructose		$20		
82757	TC	Assay semen fructose		$47		
82759		RBC galactokinase assa		$71		
82759	26	RBC galactokinase assa		$22		
82759	TC	RBC galactokinase assa		$49		
82760		Assay galactose		$51		
82760	26	Assay galactose		$16		
82760	TC	Assay galactose		$35		
82775		Assay galactose transf		$87		
82775	26	Assay galactose transf		$26		
82775	TC	Assay galactose transf		$61		
82776		Galactose transferase		$26		
82776	26	Galactose transferase		$6		
82776	TC	Galactose transferase		$20		
82784		Assay gammaglobulin Ig		$28		
82784	26	Assay gammaglobulin Ig		$8		
82784	TC	Assay gammaglobulin Ig		$20		
82785		Assay, gammaglobulin I		$61		
82785	26	Assay, gammaglobulin I		$20		
82785	TC	Assay, gammaglobulin I		$41		
82787		IgG1, 2, 3 and 4		BR		*
82787	26	IgG1, 2, 3 and 4		BR		*
82787	TC	IgG1, 2, 3 and 4		BR		*
82800		Blood pH		$43		
82800	26	Blood pH		$12		
82800	TC	Blood pH		$31		
82803		Blood gases: pH, pO2 &		$100		
82803	26	Blood gases: pH, pO2 &		$31		
82803	TC	Blood gases: pH, pO2 &		$69		
82805		Blood gases W/02 satur		$53		
82805	26	Blood gases W/02 satur		$16		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82805	TC	Blood gases W/02 satur		$37		
82810		Blood gases, O2 sat on		$53		
82810	26	Blood gases, O2 sat on		$16		
82810	TC	Blood gases, O2 sat on		$37		
82820		Hemoglobin-oxygen affi		BR		
82820	26	Hemoglobin-oxygen affi		BR		
82820	TC	Hemoglobin-oxygen affi		BR		
82926		Assay gastric acid		$39		
82926	26	Assay gastric acid		$10		
82926	TC	Assay gastric acid		$29		
82928		Assay gastric acid		$22		
82928	26	Assay gastric acid		$8		
82928	TC	Assay gastric acid		$14		
82938		Gastrin test		$90		
82938	26	Gastrin test		$31		
82938	TC	Gastrin test		$59		
82941		Assay of gastrin		$88		
82941	26	Assay of gastrin		$29		
82941	TC	Assay of gastrin		$59		
82943		Assay of glucagon		$71		
82943	26	Assay of glucagon		$22		
82943	TC	Assay of glucagon		$49		
82945		Glucose other fluid		BR	BR	*
82946		Glucagon tolerance tes		$55		
82946	26	Glucagon tolerance tes		$14		
82946	TC	Glucagon tolerance tes		$41		
82947		Assay quantitative, gl		$20		*
82947	26	Assay quantitative, gl		$6		*
82947	TC	Assay quantitative, gl		$14		*
82948		Reagent strip/blood gl		$10		
82948	26	Reagent strip/blood gl		$4		
82948	TC	Reagent strip/blood gl		$6		
82950		Glucose test		$22		
82950	26	Glucose test		$8		
82950	TC	Glucose test		$14		
82951		Glucose tolerance test		$43		
82951	26	Glucose tolerance test		$14		
82951	TC	Glucose tolerance test		$29		
82952		GTT-added samples		$20		
82952	26	GTT-added samples		$6		
82952	TC	GTT-added samples		$14		
82953		Glucose-tolbutamide te		$77		
82953	26	Glucose-tolbutamide te		$26		
82953	TC	Glucose-tolbutamide te		$51		
82955		Assay G6PD enzyme		$49		
82955	26	Assay G6PD enzyme		$14		
82955	TC	Assay G6PD enzyme		$35		
82960		Test for G6PD enzyme		$26		
82960	26	Test for G6PD enzyme		$8		
82960	TC	Test for G6PD enzyme		$18		
82962		Glucose blood test		BR		
82962	26	Glucose blood test		BR		
82962	TC	Glucose blood test		BR		
82963		Glucosidase assay		$102		
82963	26	Glucosidase assay		$33		
82963	TC	Glucosidase assay		$69		
82965		Assay GDH enzyme		$36		
82965	26	Assay GDH enzyme		$12		
82965	TC	Assay GDH enzyme		$24		
82975		Assay glutamine		$53		
82975	26	Assay glutamine		$16		
82975	TC	Assay glutamine		$37		
82977		Assay of GGT		$30		
82977	26	Assay of GGT		$8		
82977	TC	Assay of GGT		$22		
82978		Glutathione assay		$49		
82978	26	Glutathione assay		$14		
82978	TC	Glutathione assay		$35		
82979		Assay RBC glutathione		$34		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
82979	26	Assay RBC glutathione		$10		
82979	TC	Assay RBC glutathione		$24		
82980		Assay of glutethimide		$79		
82980	26	Assay of glutethimide		$18		
82980	TC	Assay of glutethimide		$61		
82985		Glycated protein		$77		
82985	26	Glycated protein		$22		
82985	TC	Glycated protein		$55		
83001		Gonadotropin (FSH)		$75		
83001	26	Gonadotropin (FSH)		$22		
83001	TC	Gonadotropin (FSH)		$53		
83002		Gonadotropin (LH)		$79		
83002	26	Gonadotropin (LH)		$24		
83002	TC	Gonadotropin (LH)		$55		
83003		Assay growth hormone (		$67		
83003	26	Assay growth hormone (		$18		
83003	TC	Assay growth hormone (		$49		
83008		Assay guanosine		$63		
83008	26	Assay guanosine		$18		
83008	TC	Assay guanosine		$45		
83009		Glucose other fluid		BR	BR	*
83010		Quant assay haptoglobi		$51		
83010	26	Quant assay haptoglobi		$16		
83010	TC	Quant assay haptoglobi		$35		
83012		Assay haptoglobins		$67		
83012	26	Assay haptoglobins		$26		
83012	TC	Assay haptoglobins		$41		
83013		H pylori breath tst analysis.		BR		*
83014		H pylori drug admin/ collect.		BR		*
83015		Heavy metal screen		$96		*
83015	26	Heavy metal screen		$29		*
83015	TC	Heavy metal screen		$67		*
83018		Quantitative screen, m		$106		
83018	26	Quantitative screen, m		$31		
83018	TC	Quantitative screen, m		$75		
83020		Hemoglobin electrophoresis.		$78		
83020	26	Hemoglobin electrophoresis.		$40		
83020	TC	Hemoglobin electrophoresis.		$38		
83021		Hemoglobin chromotography.		BR		*
83026		Hemoglobin, copper sul		BR		
83026	26	Hemoglobin, copper sul		BR		
83026	TC	Hemoglobin, copper sul		BR		
83030		Fetal hemoglobin assay		$34		
83030	26	Fetal hemoglobin assay		$12		
83030	TC	Fetal hemoglobin assay		$22		
83033		Fetal fecal hemoglobin		$28		*
83033	26	Fetal fecal hemoglobin		$8		*
83033	TC	Fetal fecal hemoglobin		$20		*
83036		Glycated hemoglobin te		$28		
83036	26	Glycated hemoglobin te		$10		
83036	TC	Glycated hemoglobin te		$18		
83045		Blood methemoglobin te		$24		
83045	26	Blood methemoglobin te		$8		
83045	TC	Blood methemoglobin te		$16		
83050		Blood methemoglobin as		$36		
83050	26	Blood methemoglobin as		$12		
83050	TC	Blood methemoglobin as		$24		
83051		Assay plasma hemoglobi		$36		
83051	26	Assay plasma hemoglobi		$12		
83051	TC	Assay plasma hemoglobi		$24		
83055		Blood sulfhemoglobin t		$24		
83055	26	Blood sulfhemoglobin t		$8		
83055	TC	Blood sulfhemoglobin t		$16		
83060		Blood sulfhemoglobin a		$43		
83060	26	Blood sulfhemoglobin a		$12		
83060	TC	Blood sulfhemoglobin a		$31		
83065		Hemoglobin heat assay		$34		
83065	26	Hemoglobin heat assay		$12		
83065	TC	Hemoglobin heat assay		$22		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
83068		Hemoglobin stability s		$39		
83068	26	Hemoglobin stability s		$10		
83068	TC	Hemoglobin stability s		$29		
83069		Assay urine hemoglobin		$20		
83069	26	Assay urine hemoglobin		$6		
83069	TC	Assay urine hemoglobin		$14		
83070		Qualt assay hemosideri		$24		
83070	26	Qualt assay hemosideri		$8		
83070	TC	Qualt assay hemosideri		$16		
83071		Quant assay of hemosid		$34		
83071	26	Quant assay of hemosid		$10		
83071	TC	Quant assay of hemosid		$24		
83080		Assay of b hexosaminidase.		BR		
83088		Assay histamine		$112		
83088	26	Assay histamine		$35		
83088	TC	Assay histamine		$77		
83090		Assay homocystine		BR	BR	*
83150		Assay for HVA		$92		
83150	26	Assay for HVA		$31		
83150	TC	Assay for HVA		$61		
83491		Assay of corticosteroi		$69		
83491	26	Assay of corticosteroi		$20		
83491	TC	Assay of corticosteroi		$49		
83497		Assay 5-HIAA		$65		
83497	26	Assay 5-HIAA		$20		
83497	TC	Assay 5-HIAA		$45		
83498		Assay of progesterone		$116		
83498	26	Assay of progesterone		$39		
83498	TC	Assay of progesterone		$77		
83499		Assay of progesterone		$96		
83499	26	Assay of progesterone		$29		
83499	TC	Assay of progesterone		$67		
83500		Assay free hydroxyprol		$127		
83500	26	Assay free hydroxyprol		$41		
83500	TC	Assay free hydroxyprol		$86		
83505		Assay total hydroxypro		$143		
83505	26	Assay total hydroxypro		$41		
83505	TC	Assay total hydroxypro		$102		
83516		Immunoassay, nonantibody.		BR		
83518		Immunoassay, dipstick.		BR		
83518	26	Immunoassay, dipstick.		BR		
83518	TC	Immunoassay, dipstick.		BR		
83519		Immunoassay, nonantibody.		BR		
83519	26	Immunoassay, nonantibody.		BR		
83519	TC	Immunoassay, nonantibody.		BR		
83520		Immunoassay, RIA		BR		
83520	26	Immunoassay, RIA		BR		
83520	TC	Immunoassay, RIA		BR		
83525		Assay of insulin		$57		
83525	26	Assay of insulin		$16		
83525	TC	Assay of insulin		$41		
83527		Assay of insulin		$65		
83527	26	Assay of insulin		$20		
83527	TC	Assay of insulin		$45		
83528		Assay intrinsic factor		$81		
83528	26	Assay intrinsic factor		$26		
83528	TC	Assay intrinsic factor		$55		
83540		Assay iron		$32		
83540	26	Assay iron		$8		
83540	TC	Assay iron		$24		
83550		Iron binding test		$39		
83550	26	Iron binding test		$10		
83550	TC	Iron binding test		$29		
83570		Assay IDH enzyme		$45		
83570	26	Assay IDH enzyme		$14		
83570	TC	Assay IDH enzyme		$31		
83582		Assay ketogenic steroi		$63		
83582	26	Assay ketogenic steroi		$16		
83582	TC	Assay ketogenic steroi		$47		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
83586		Assay 17-(17-KS)ketost		$71		
83586	26	Assay 17-(17-KS)ketost		$24		
83586	TC	Assay 17-(17-KS)ketost		$47		
83593		Fractionation ketoster		$112		
83593	26	Fractionation ketoster		$35		
83593	TC	Fractionation ketoster		$77		
83605		Lactic acid assay		$36		
83605	26	Lactic acid assay		$12		
83605	TC	Lactic acid assay		$24		
83615		Lactate (LD) (LDH) enz		$30		
83615	26	Lactate (LD) (LDH) enz		$10		
83615	TC	Lactate (LD) (LDH) enz		$20		
83625		Assay LDH enzymes		$45		
83625	26	Assay LDH enzymes		$12		
83625	TC	Assay LDH enzymes		$33		
83630		Lactoferrin, fecal (qual)		BR	BR	*
83632		Placental lactogen		$79		
83632	26	Placental lactogen		$26		
83632	TC	Placental lactogen		$53		
83633		Test urine for lactose		$28		
83633	26	Test urine for lactose		$8		
83633	TC	Test urine for lactose		$20		
83634		Assay urine for lactos		$59		
83634	26	Assay urine for lactos		$18		
83634	TC	Assay urine for lactos		$41		
83655		Assay for lead		$57		
83655	26	Assay for lead		$16		
83655	TC	Assay for lead		$41		
83661		Assay L/S ratio		$32		*
83661	26	Assay L/S ratio		$10		*
83661	TC	Assay L/S ratio		$22		*
83662		L/S ratio, foam stabil		BR		
83662	26	L/S ratio, foam stabil		BR		
83662	TC	L/S ratio, foam stabil		BR		
83663		Fluoro polarize, fetal lung		BR	BR	*
83664		Lamellar bdy, fetal lung		BR	BR	*
83670		Assay LAP enzyme		$34		
83670	26	Assay LAP enzyme		$10		
83670	TC	Assay LAP enzyme		$24		
83690		Assay lipase		$34		
83690	26	Assay lipase		$12		
83690	TC	Assay lipase		$22		
83715		Assay blood lipoprotei		$41		
83715	26	Assay blood lipoprotei		$10		
83715	TC	Assay blood lipoprotei		$31		
83716		Assay of blood lipoproteins.		BR		*
83718		Blood lipoprotein assa		$36		
83718	26	Blood lipoprotein assa		$10		
83718	TC	Blood lipoprotein assa		$26		
83719		Assay of blood lipoprotein.		$51		
83719	26	Assay of blood lipoprotein.		$17		
83719	TC	Assay of blood lipoprotein.		$34		
83721		Assay of blood lipoprotein.		BR		
83721	26	Assay of blood lipoprotein.		BR		
83721	TC	Assay of blood lipoprotein.		BR		
83727		LRH hormone assay		$81		
83727	26	LRH hormone assay		$26		
83727	TC	LRH hormone assay		$55		
83735		Assay magnesium		$28		
83735	26	Assay magnesium		$10		
83735	TC	Assay magnesium		$18		
83775		Assay of md enzyme		$32		
83775	26	Assay of md enzyme		$10		
83775	TC	Assay of md enzyme		$22		
83785		Assay of manganese		$110		
83785	26	Assay of manganese		$33		
83785	TC	Assay of manganese		$77		
83788		Mass spectrometry qual		BR		
83789		Mass spectrometry quant.		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
83805		Assay of meprobamate		$84		
83805	26	Assay of meprobamate		$29		
83805	TC	Assay of meprobamate		$55		
83825		Assay mercury		$63		
83825	26	Assay mercury		$20		
83825	TC	Assay mercury		$43		
83835		Assay metanephrines		$77		
83835	26	Assay metanephrines		$22		
83835	TC	Assay metanephrines		$55		
83840		Assay methadone		$79		
83840	26	Assay methadone		$26		
83840	TC	Assay methadone		$53		
83857		Assay methemalbumin		$51		
83857	26	Assay methemalbumin		$16		
83857	TC	Assay methemalbumin		$35		
83858		Assay methsuximide		$69		
83858	26	Assay methsuximide		$22		
83858	TC	Assay methsuximide		$47		
83864		Mucopolysaccharides		$59		
83864	26	Mucopolysaccharides		$16		
83864	TC	Mucopolysaccharides		$43		
83866		Mucopolysaccharides sc		$51		
83866	26	Mucopolysaccharides sc		$14		
83866	TC	Mucopolysaccharides sc		$37		
83872		Assay synovial fluid m		$24		
83872	26	Assay synovial fluid m		$8		
83872	TC	Assay synovial fluid m		$16		
83873		Assay, CSF protein		$102		*
83873	26	Assay, CSF protein		$35		*
83873	TC	Assay, CSF protein		$67		*
83874		Myoglobin		$49		
83874	26	Myoglobin		$16		
83874	TC	Myoglobin		$33		
83880		Natriuretic peptide		BR	BR	*
83883		Nephelometry, not spec		BR		
83883	26	Nephelometry, not spec		BR		
83883	TC	Nephelometry, not spec		BR		
83885		Assay for nickel		$85		
83885	26	Assay for nickel		$26		
83885	TC	Assay for nickel		$59		
83887		Assay nicotine		$110		
83887	26	Assay nicotine		$33		
83887	TC	Assay nicotine		$77		
83890		Molecule isolate.....		BR		
83890	26	Molecule isolate.....		BR		
83890	TC	Molecule isolate.....		BR		
83891		Molecule isolate nucleic.		BR		
83892		Molecular diagnostics		BR		
83892	26	Molecular diagnostics		BR		
83892	TC	Molecular diagnostics		BR		
83893		Molecule dot/slot/blot		BR		
83894		Molecule gel electrophor.		BR		
83894	26	Molecule gel electrophor.		BR		
83894	TC	Molecule gel electrophor.		BR		
83896		Molecular diagnostics		BR		
83896	26	Molecular diagnostics		BR		
83896	TC	Molecular diagnostics		BR		
83897		Molecule nucleic transfer.		BR		
83898		Molecule nucleic ampli		BR		*
83898	26	Molecule nucleic ampli		BR		*
83898	TC	Molecule nucleic ampli		BR		*
83901		Molecule nucleic ampli		BR		
83902		Molecular diagnostics.		BR		
83903		Molecule mutation scan		BR		
83904		Molecule mutation identify.		BR		
83905		Molecule mutation identify.		BR		
83906		Molecule mutation identify.		BR		
83912		Genetic examination		$73		
83912	26	Genetic examination		$20		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
83912	TC	Genetic examination		$53		
83915		Assay nucleotidase		$57		
83915	26	Assay nucleotidase		$18		
83915	TC	Assay nucleotidase		$39		
83916		Oligoclonal bands		$102		*
83916	26	Oligoclonal bands		$35		*
83916	TC	Oligoclonal bands		$67		*
83918		Assay, organic acids quant.		$67		*
83918	26	Assay, organic acids quant.		$19		*
83918	TC	Assay, organic acids quant.		$48		*
83919		Assay, organic acids qual.		BR		
83921		Organic acid, single, quant		BR	BR	*
83925		Opiates		BR		
83925	26	Opiates		BR		
83925	TC	Opiates		BR		
83930		Assay blood osmolality		$32		
83930	26	Assay blood osmolality		$10		
83930	TC	Assay blood osmolality		$22		
83935		Assay urine osmolality		$32		
83935	26	Assay urine osmolality		$10		
83935	TC	Assay urine osmolality		$22		
83937		Assay for osteocalcin		BR		
83937	26	Assay for osteocalcin		BR		
83937	TC	Assay for osteocalcin		BR		
83945		Assay of oxalate ….		BR		
83950		Oncoprotein, her-2/neu		BR	BR	*
83970		Assay of parathormone		$173		
83970	26	Assay of parathormone		$57		
83970	TC	Assay of parathormone		$116		
83986		Assay body fluid acidi		$16		
83986	26	Assay body fluid acidi		$6		
83986	TC	Assay body fluid acidi		$10		
83992		Assay for phencyclidin		$75		
83992	26	Assay for phencyclidin		$22		
83992	TC	Assay for phencyclidin		$53		
84022		Assay of phenothiazine		$77		
84022	26	Assay of phenothiazine		$24		
84022	TC	Assay of phenothiazine		$53		
84030		Assay blood PKU		$20		
84030	26	Assay blood PKU		$6		
84030	TC	Assay blood PKU		$14		
84035		Assay phenylketones		$22		
84035	26	Assay phenylketones		$6		
84035	TC	Assay phenylketones		$16		
84060		Assay acid phosphatase		$67		
84060	26	Assay acid phosphatase		$22		
84060	TC	Assay acid phosphatase		$45		
84061		Phosphatase, forensic		BR		
84061	26	Phosphatase, forensic		BR		
84061	TC	Phosphatase, forensic		BR		
84066		Assay prostate phospha		$34		
84066	26	Assay prostate phospha		$12		
84066	TC	Assay prostate phospha		$22		
84075		Assay alkaline phospha		$22		
84075	26	Assay alkaline phospha		$6		
84075	TC	Assay alkaline phospha		$16		
84078		Assay alkaline phospha		$36		
84078	26	Assay alkaline phospha		$10		
84078	TC	Assay alkaline phospha		$26		
84080		Assay alkaline phospha		$67		
84080	26	Assay alkaline phospha		$20		
84080	TC	Assay alkaline phospha		$47		
84081		Amniotic fluid enzyme		$86		
84081	26	Amniotic fluid enzyme		$29		
84081	TC	Amniotic fluid enzyme		$57		
84085		Assay RBC PG6D enzyme		$28		
84085	26	Assay RBC PG6D enzyme		$10		
84085	TC	Assay RBC PG6D enzyme		$18		
84087		Assay phosphohexose en		$49		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
84087	26	Assay phosphohexose en		$14		
84087	TC	Assay phosphohexose en		$35		
84100		Assay phosphorus		$20		
84100	26	Assay phosphorus		$6		
84100	TC	Assay phosphorus		$14		
84105		Assay urine phosphorus		$20		
84105	26	Assay urine phosphorus		$6		
84105	TC	Assay urine phosphorus		$14		
84106		Test for porphobilinog		$18		
84106	26	Test for porphobilinog		$4		
84106	TC	Test for porphobilinog		$14		
84110		Assay porphobilinogen		$41		
84110	26	Assay porphobilinogen		$12		
84110	TC	Assay porphobilinogen		$29		
84119		Test urine for porphyr		$41		
84119	26	Test urine for porphyr		$12		
84119	TC	Test urine for porphyr		$29		
84120		Assay urine porphyrins		$71		
84120	26	Assay urine porphyrins		$20		
84120	TC	Assay urine porphyrins		$51		
84126		Assay feces porphyrins		$131		
84126	26	Assay feces porphyrins		$39		
84126	TC	Assay feces porphyrins		$92		
84127		Porphyrins, feces		BR		
84127	26	Porphyrins, feces		BR		
84127	TC	Porphyrins, feces		BR		
84132		Assay serum potassium		$20		
84132	26	Assay serum potassium		$6		
84132	TC	Assay serum potassium		$14		
84133		Assay urine potassium		$20		
84133	26	Assay urine potassium		$6		
84133	TC	Assay urine potassium		$14		
84134		Prealbumin		BR		
84134	26	Prealbumin		BR		
84134	TC	Prealbumin		BR		
84135		Assay pregnanediol		$108		
84135	26	Assay pregnanediol		$37		
84135	TC	Assay pregnanediol		$71		
84138		Assay pregnanetriol		$106		
84138	26	Assay pregnanetriol		$35		
84138	TC	Assay pregnanetriol		$71		
84140		Assay for pregnenolone		$77		
84140	26	Assay for pregnenolone		$16		
84140	TC	Assay for pregnenolone		$61		
84143		Assay/17-hydroxypregne		$116		
84143	26	Assay/17-hydroxypregne		$39		
84143	TC	Assay/17-hydroxypregne		$77		
84144		Assay progesterone		$71		
84144	26	Assay progesterone		$14		
84144	TC	Assay progesterone		$57		
84146		Assay for prolactin		$100		
84146	26	Assay for prolactin		$33		
84146	TC	Assay for prolactin		$67		
84150		Assay of prostaglandin		$127		
84150	26	Assay of prostaglandin		$39		
84150	TC	Assay of prostaglandin		$88		
84152		Assay psa, complexed		BR	BR	*
84153		Assay of psa, total...		BR		
84153	26	Assay of psa, total...		BR		
84153	TC	Assay of psa, total...		BR		
84154		Assay of psa, free....		BR		
84155		Assay protein		$22		*
84155	26	Assay protein		$8		*
84155	TC	Assay protein		$14		*
84156		Assay protein, urine		BR	BR	*
84157		Assay protein, other		BR	BR	*
84160		Assay serum protein		$22		*
84160	26	Assay serum protein		$8		*
84160	TC	Assay serum protein		$14		*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
84163		Pappa, serum		BR	BR	*
84165		Protein e-phoresis, serum		$47		*
84165	26	Protein e-phoresis, serum		$37	$37	*
84165	TC	Protein e-phoresis, serum		$31		*
84166		Protein e-phoresis/urine/csf		$0		*
84181		Western blot test		BR		
84181	26	Western blot test		BR		
84181	TC	Western blot test		BR		
84182		Protein, western blot		BR		
84182	26	Protein, western blot		BR		
84182	TC	Protein, western blot		BR		
84202		Assay RBC protoporphyr		$73		
84202	26	Assay RBC protoporphyr		$24		
84202	TC	Assay RBC protoporphyr		$49		
84203		Test RBC protoporphyri		$30		
84203	26	Test RBC protoporphyri		$10		
84203	TC	Test RBC protoporphyri		$20		
84206		Assay of proinsulin		$59		
84206	26	Assay of proinsulin		$18		
84206	TC	Assay of proinsulin		$41		
84207		Assay vitamin B-6		$102		
84207	26	Assay vitamin B-6		$31		
84207	TC	Assay vitamin B-6		$71		
84210		Assay pyruvate		$47		
84210	26	Assay pyruvate		$18		
84210	TC	Assay pyruvate		$29		
84220		Assay pyruvate kinase		$49		
84220	26	Assay pyruvate kinase		$16		
84220	TC	Assay pyruvate kinase		$33		
84228		Assay quinine		$59		
84228	26	Assay quinine		$18		
84228	TC	Assay quinine		$41		
84233		Assay estrogen		$216		
84233	26	Assay estrogen		$65		
84233	TC	Assay estrogen		$151		
84234		Assay progesterone		$216		
84234	26	Assay progesterone		$65		
84234	TC	Assay progesterone		$151		
84235		Assay endocrine hormon		$212		
84235	26	Assay endocrine hormon		$63		
84235	TC	Assay endocrine hormon		$149		
84238		Assay non-endocrine re		$179		
84238	26	Assay non-endocrine re		$59		
84238	TC	Assay non-endocrine re		$120		
84244		Assay of renin		$96		
84244	26	Assay of renin		$33		
84244	TC	Assay of renin		$63		
84252		Assay vitamin B-2		$87		
84252	26	Assay vitamin B-2		$26		
84252	TC	Assay vitamin B-2		$61		
84255		Assay selenium		$110		
84255	26	Assay selenium		$33		
84255	TC	Assay selenium		$77		
84260		Assay serotonin		$102		
84260	26	Assay serotonin		$31		
84260	TC	Assay serotonin		$71		
84270		Sex hormone globulin (		BR		
84270	26	Sex hormone globulin (		BR		
84270	TC	Sex hormone globulin (		BR		
84275		Assay sialic acid		$69		
84275	26	Assay sialic acid		$20		
84275	TC	Assay sialic acid		$49		
84285		Assay silica		$112		
84285	26	Assay silica		$33		
84285	TC	Assay silica		$79		
84295		Assay serum sodium		$18		
84295	26	Assay serum sodium		$6		
84295	TC	Assay serum sodium		$12		
84300		Assay urine sodium		$18		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
84300	26	Assay urine sodium		$6		
84300	TC	Assay urine sodium		$12		
84302		Assay sweat sodium		BR	BR	*
84305		Somatomedin		BR		
84305	26	Somatomedin		BR		
84305	TC	Somatomedin		BR		
84307		Somatostatin		BR		
84307	26	Somatostatin		BR		
84307	TC	Somatostatin		BR		
84311		Spectrophotometry		BR		
84311	26	Spectrophotometry		BR		
84311	TC	Spectrophotometry		BR		
84315		Body fluid specific gr		$10		
84315	26	Body fluid specific gr		$4		
84315	TC	Body fluid specific gr		$6		
84375		Chromatogram assay, su		$69		
84375	26	Chromatogram assay, su		$20		
84375	TC	Chromatogram assay, su		$49		
84376		Sugars, single, qual..		BR		*
84377		Sugars, multiple, qual		BR		
84378		Sugars single quant...		BR		
84379		Sugars multiple quant.		BR		
84392		Assay urine sulfate		BR		
84392	26	Assay urine sulfate		BR		
84392	TC	Assay urine sulfate		BR		
84402		Testosterone		BR		
84402	26	Testosterone		BR		
84402	TC	Testosterone		BR		
84403		Assay total testostero		$123		
84403	26	Assay total testostero		$37		
84403	TC	Assay total testostero		$86		
84425		Assay vitamin B-1		$102		
84425	26	Assay vitamin B-1		$33		
84425	TC	Assay vitamin B-1		$69		
84430		Assay thiocyanate		$57		
84430	26	Assay thiocyanate		$18		
84430	TC	Assay thiocyanate		$39		
84432		Thyroglobulin		BR		
84432	26	Thyroglobulin		BR		
84432	TC	Thyroglobulin		BR		
84436		Assay, total thyroxine		$26		
84436	26	Assay, total thyroxine		$6		
84436	TC	Assay, total thyroxine		$20		
84437		Assay neonatal thyroxi		$24		
84437	26	Assay neonatal thyroxi		$8		
84437	TC	Assay neonatal thyroxi		$16		
84439		Assay, free thyroxine		$30		
84439	26	Assay, free thyroxine		$8		
84439	TC	Assay, free thyroxine		$22		
84442		Thyroid activity (TBG)		$49		
84442	26	Thyroid activity (TBG)		$12		
84442	TC	Thyroid activity (TBG)		$37		
84443		Assay thyroid stim hor		$59		
84443	26	Assay thyroid stim hor		$14		
84443	TC	Assay thyroid stim hor		$45		
84445		Thyroid immunoglobulin		$181		*
84445	26	Thyroid immunoglobulin		$55		*
84445	TC	Thyroid immunoglobulin		$126		*
84446		Assay vitamin E		$65		
84446	26	Assay vitamin E		$20		
84446	TC	Assay vitamin E		$45		
84449		Assay for transcortin		BR		
84449	26	Assay for transcortin		BR		
84449	TC	Assay for transcortin		BR		
84450		Transferase (AST) (SGO		$20		
84450	26	Transferase (AST) (SGO		$6		
84450	TC	Transferase (AST) (SGO		$14		
84460		Alanine amino (ALT) (S		$24		
84460	26	Alanine amino (ALT) (S		$8		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
84460	TC	Alanine amino (ALT) (S		$16		
84466		Transferrin		BR		
84466	26	Transferrin		BR		
84466	TC	Transferrin		BR		
84478		Assay triglycerides		$22		
84478	26	Assay triglycerides		$6		
84478	TC	Assay triglycerides		$16		
84479		Assay of thyroid (t3 or t4).		$30		
84479	26	Assay of thyroid (t3 or t4).		$11		
84479	TC	Assay of thyroid (t3 or t4).		$19		
84480		Assay triiodothyronine		$47		
84480	26	Assay triiodothyronine		$16		
84480	TC	Assay triiodothyronine		$31		
84481		Free assay (FT-3)		$88		
84481	26	Free assay (FT-3)		$29		
84481	TC	Free assay (FT-3)		$59		
84482		T3 reverse		BR		
84482	26	T3 reverse		BR		
84482	TC	T3 reverse		BR		
84484		Assay of troponin, quant.		BR		
84485		Assay duodenal fluid t		$28		
84485	26	Assay duodenal fluid t		$8		
84485	TC	Assay duodenal fluid t		$20		
84488		Test feces for trypsin		$28		
84488	26	Test feces for trypsin		$8		
84488	TC	Test feces for trypsin		$20		
84490		Assay feces for trypsi		$28		
84490	26	Assay feces for trypsi		$8		
84490	TC	Assay feces for trypsi		$20		
84510		Assay tyrosine		$51		
84510	26	Assay tyrosine		$16		
84510	TC	Assay tyrosine		$35		
84512		Assay of troponin, qual.		BR		
84520		Assay urea nitrogen		$22		
84520	26	Assay urea nitrogen		$6		
84520	TC	Assay urea nitrogen		$16		
84525		Urea nitrogen semi-qua		$14		
84525	26	Urea nitrogen semi-qua		$4		
84525	TC	Urea nitrogen semi-qua		$10		
84540		Assay urine urea-N		$24		
84540	26	Assay urine urea-N		$8		
84540	TC	Assay urine urea-N		$16		
84545		Urea-N clearance test		$34		
84545	26	Urea-N clearance test		$10		
84545	TC	Urea-N clearance test		$24		
84550		Assay blood uric acid		$22		
84550	26	Assay blood uric acid		$8		
84550	TC	Assay blood uric acid		$14		
84560		Assay urine uric acid		$22		
84560	26	Assay urine uric acid		$6		
84560	TC	Assay urine uric acid		$16		
84577		Assay feces urobilinog		$63		
84577	26	Assay feces urobilinog		$20		
84577	TC	Assay feces urobilinog		$43		
84578		Test urine urobilinoge		$14		
84578	26	Test urine urobilinoge		$4		
84578	TC	Test urine urobilinoge		$10		
84580		Assay urine urobilinog		$32		
84580	26	Assay urine urobilinog		$10		
84580	TC	Assay urine urobilinog		$22		
84583		Assay urine urobilinog		$20		
84583	26	Assay urine urobilinog		$6		
84583	TC	Assay urine urobilinog		$14		
84585		Assay urine VMA		$67		
84585	26	Assay urine VMA		$20		
84585	TC	Assay urine VMA		$47		
84586		VIP assay		BR		
84586	26	VIP assay		BR		
84586	TC	VIP assay		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
84588		Assay vasopressin		$108		
84588	26	Assay vasopressin		$37		
84588	TC	Assay vasopressin		$71		
84590		Assay vitamin-A		$61		
84590	26	Assay vitamin-A		$20		
84590	TC	Assay vitamin-A		$41		
84591		Assay nos vitamin		BR	BR	*
84597		Assay vitamin-K		$69		
84597	26	Assay vitamin-K		$20		
84597	TC	Assay vitamin-K		$49		
84600		Assay for volatiles		$81		
84600	26	Assay for volatiles		$24		
84600	TC	Assay for volatiles		$57		
84620		Xylose tolerance test		$55		
84620	26	Xylose tolerance test		$16		
84620	TC	Xylose tolerance test		$39		
84630		Assay zinc		$51		
84630	26	Assay zinc		$16		
84630	TC	Assay zinc		$35		
84681		Assay C-peptide		$98		
84681	26	Assay C-peptide		$33		
84681	TC	Assay C-peptide		$65		
84702		Chorionic gonadotropin		$75		
84702	26	Chorionic gonadotropin		$24		
84702	TC	Chorionic gonadotropin		$51		
84703		Chorionic gonadotropin		$71		
84703	26	Chorionic gonadotropin		$22		
84703	TC	Chorionic gonadotropin		$49		
84830		Ovulation tests		BR		
84830	26	Ovulation tests		BR		
84830	TC	Ovulation tests		BR		
84999		Clinical chemistry tes		BR		
84999	26	Clinical chemistry tes		BR		
84999	TC	Clinical chemistry tes		BR		
85002		Bleeding time test		$18		
85002	26	Bleeding time test		$6		
85002	TC	Bleeding time test		$12		
85004		Automated diff wbc count		BR	BR	*
85007		Differential WBC count		$12		*
85007	26	Differential WBC count		$4		*
85007	TC	Differential WBC count		$8		*
85008		Nondifferential WBC co		BR		*
85008	26	Nondifferential WBC co		BR		*
85008	TC	Nondifferential WBC co		BR		*
85009		Differential WBC count		$16		*
85009	26	Differential WBC count		$6		*
85009	TC	Differential WBC count		$10		*
85013		Hematocrit		BR		
85013	26	Hematocrit		BR		
85013	TC	Hematocrit		BR		
85014		Hematocrit		$8		*
85014	26	Hematocrit		$2		*
85014	TC	Hematocrit		$6		*
85018		Hemoglobin		$10		*
85018	26	Hemoglobin		$4		*
85018	TC	Hemoglobin		$6		*
85025		Automated hemogram		$41		*
85025	26	Automated hemogram		$12		*
85025	TC	Automated hemogram		$29		*
85027		Automated hemogram		$36		*
85027	26	Automated hemogram		$12		*
85027	TC	Automated hemogram		$24		*
85032		Manual cell count, each		BR	BR	*
85041		Red blood cell (RBC) c		$14		*
85041	26	Red blood cell (RBC) c		$6		*
85041	TC	Red blood cell (RBC) c		$8		*
85044		Reticulocyte count		$18		*
85044	26	Reticulocyte count		$6		*
85044	TC	Reticulocyte count		$12		*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
85045		Reticulocyte count		BR		*
85045	26	Reticulocyte count		BR		*
85045	TC	Reticulocyte count		BR		*
85046		Reticyte/hgb concentrate.		BR		*
85048		White blood cell (WBC)		$14		*
85048	26	White blood cell (WBC)		$6		*
85048	TC	White blood cell (WBC)		$8		*
85049		Automated platelet count		BR	BR	*
85055		Reticulated platelet assay		BR	BR	*
85060		Blood smear interpreta		$49		
85060	26	Blood smear interpreta		$14		
85060	TC	Blood smear interpreta		$35		
85097		Bone marrow interpretation		$205	$99	*
85097	26	Bone marrow interpretation		$112		*
85097	TC	Bone marrow interpretation		$0		*
85130		Chromogenic substrate		BR		
85130	26	Chromogenic substrate		BR		
85130	TC	Chromogenic substrate		BR		
85170		Blood clot retraction		$18		
85170	26	Blood clot retraction		$6		
85170	TC	Blood clot retraction		$12		
85175		Blood clot lysis time		$18		
85175	26	Blood clot lysis time		$6		
85175	TC	Blood clot lysis time		$12		
85210		Blood clot factor II t		$57		
85210	26	Blood clot factor II t		$16		
85210	TC	Blood clot factor II t		$41		
85220		Blood clot factor V te		$88		
85220	26	Blood clot factor V te		$29		
85220	TC	Blood clot factor V te		$59		
85230		Blood clot factor VII		$87		
85230	26	Blood clot factor VII		$26		
85230	TC	Blood clot factor VII		$61		
85240		Blood clot factor VIII		$90		
85240	26	Blood clot factor VIII		$29		
85240	TC	Blood clot factor VIII		$61		
85244		Blood clot factor VIII		$102		
85244	26	Blood clot factor VIII		$35		
85244	TC	Blood clot factor VIII		$67		
85245		Blood clot factor VIII		BR		
85245	26	Blood clot factor VIII		BR		
85245	TC	Blood clot factor VIII		BR		
85246		Blood clot factor VIII		BR		
85246	26	Blood clot factor VIII		BR		
85246	TC	Blood clot factor VIII		BR		
85247		Blood clot factor VIII		BR		
85247	26	Blood clot factor VIII		BR		
85247	TC	Blood clot factor VIII		BR		
85250		Blood clot factor IX t		$91		
85250	26	Blood clot factor IX t		$26		
85250	TC	Blood clot factor IX t		$65		
85260		Blood clot factor X te		$91		
85260	26	Blood clot factor X te		$26		
85260	TC	Blood clot factor X te		$65		
85270		Blood clot factor XI t		$91		
85270	26	Blood clot factor XI t		$26		
85270	TC	Blood clot factor XI t		$65		
85280		Blood clot factor XII		$91		
85280	26	Blood clot factor XII		$26		
85280	TC	Blood clot factor XII		$65		
85290		Blood clot factor XIII		$83		
85290	26	Blood clot factor XIII		$24		
85290	TC	Blood clot factor XIII		$59		
85291		Blood clot factor XIII		$38		
85291	26	Blood clot factor XIII		$12		
85291	TC	Blood clot factor XIII		$26		
85292		Blood clot factor assa		$96		
85292	26	Blood clot factor assa		$33		
85292	TC	Blood clot factor assa		$63		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
85293		Blood clot factor assa		$96		
85293	26	Blood clot factor assa		$33		
85293	TC	Blood clot factor assa		$63		
85300		Antithrombin III test		$55		
85300	26	Antithrombin III test		$18		
85300	TC	Antithrombin III test		$37		
85301		Antithrombin III test		$55		
85301	26	Antithrombin III test		$18		
85301	TC	Antithrombin III test		$37		
85302		Blood clot inhibitor a		$61		
85302	26	Blood clot inhibitor a		$20		
85302	TC	Blood clot inhibitor a		$41		
85303		Blood clot inhibitor t		BR		
85303	26	Blood clot inhibitor t		BR		
85303	TC	Blood clot inhibitor t		BR		
85305		Blood clot inhibitor a		BR		
85305	26	Blood clot inhibitor a		BR		
85305	TC	Blood clot inhibitor a		BR		
85306		Blood clot inhibitor t		BR		
85306	26	Blood clot inhibitor t		BR		
85306	TC	Blood clot inhibitor t		BR		
85307		Assay activated protein c		BR	BR	*
85335		Factor inhibitor test		BR		
85335	26	Factor inhibitor test		BR		
85335	TC	Factor inhibitor test		BR		
85337		Thrombomodulin		BR		
85337	26	Thrombomodulin		BR		
85337	TC	Thrombomodulin		BR		
85345		Coagulation time		$22		
85345	26	Coagulation time		$6		
85345	TC	Coagulation time		$16		
85347		Coagulation time		$16		
85347	26	Coagulation time		$4		
85347	TC	Coagulation time		$12		
85348		Coagulation time		$18		
85348	26	Coagulation time		$6		
85348	TC	Coagulation time		$12		
85360		Euglobulin lysis		$30		
85360	26	Euglobulin lysis		$8		
85360	TC	Euglobulin lysis		$22		
85362		Fibrin degradation pro		$34		
85362	26	Fibrin degradation pro		$14		
85362	TC	Fibrin degradation pro		$20		
85366		Fibrinogen test		BR		
85366	26	Fibrinogen test		BR		
85366	TC	Fibrinogen test		BR		
85370		Fibrinogen test		BR		
85370	26	Fibrinogen test		BR		
85370	TC	Fibrinogen test		BR		
85378		Fibrin degradation		BR		*
85378	26	Fibrin degradation		BR		*
85378	TC	Fibrin degradation		BR		*
85379		Fibrin degradation		BR		
85379	26	Fibrin degradation		BR		
85379	TC	Fibrin degradation		BR		
85380		Fibrin degradation, vte		BR	BR	*
85384		Fibrinogen		BR		
85384	26	Fibrinogen		BR		
85384	TC	Fibrinogen		BR		
85385		Fibrinogen		BR		
85385	26	Fibrinogen		BR		
85385	TC	Fibrinogen		BR		
85390		Fibrinolysins screen		$18		
85390	26	Fibrinolysins screen		$4		
85390	TC	Fibrinolysins screen		$14		
85396		Clotting assay, whole blood		$40	$40	*
85400		Fibrinolytic plasmin		$22		
85400	26	Fibrinolytic plasmin		$6		
85400	TC	Fibrinolytic plasmin		$16		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
85410		Fibrinolytic antiplasm		$22		
85410	26	Fibrinolytic antiplasm		$6		
85410	TC	Fibrinolytic antiplasm		$16		
85415		Fibrinolytic plasminog		BR		
85415	26	Fibrinolytic plasminog		BR		
85415	TC	Fibrinolytic plasminog		BR		
85420		Fibrinolytic plasminog		$32		
85420	26	Fibrinolytic plasminog		$8		
85420	TC	Fibrinolytic plasminog		$24		
85421		Fibrinolytic plasminog		$73		
85421	26	Fibrinolytic plasminog		$22		
85421	TC	Fibrinolytic plasminog		$51		
85441		Heinz bodies; direct		$14		
85441	26	Heinz bodies; direct		$4		
85441	TC	Heinz bodies; direct		$10		
85445		Heinz bodies; induced		$30		
85445	26	Heinz bodies; induced		$10		
85445	TC	Heinz bodies; induced		$20		
85460		Hemoglobin, fetal.....		$32		
85460	26	Hemoglobin, fetal.....		$9		
85460	TC	Hemoglobin, fetal.....		$23		
85461		Hemoglobin, fetal		BR		
85475		Hemolysin		BR		
85475	26	Hemolysin		BR		
85475	TC	Hemolysin		BR		
85520		Heparin assay		$43		
85520	26	Heparin assay		$12		
85520	TC	Heparin assay		$31		
85525		Heparin		BR		
85525	26	Heparin		BR		
85525	TC	Heparin		BR		
85530		Heparin-protamine tole		$73		
85530	26	Heparin-protamine tole		$22		
85530	TC	Heparin-protamine tole		$51		
85536		Iron stain peripheral blood		BR	BR	*
85540		Wbc alkaline phosphata		$43		
85540	26	Wbc alkaline phosphata		$12		
85540	TC	Wbc alkaline phosphata		$31		
85547		RBC mechanical fragili		$45		
85547	26	RBC mechanical fragili		$12		
85547	TC	RBC mechanical fragili		$33		
85549		Muramidase		$86		
85549	26	Muramidase		$29		
85549	TC	Muramidase		$57		
85555		RBC osmotic fragility		$32		
85555	26	RBC osmotic fragility		$10		
85555	TC	RBC osmotic fragility		$22		
85557		RBC osmotic fragility		$63		
85557	26	RBC osmotic fragility		$18		
85557	TC	RBC osmotic fragility		$45		
85576		Blood platelet aggregation		$41		*
85576	26	Blood platelet aggregation		$38	$38	*
85576	TC	Blood platelet aggregation		$31		*
85597		Platelet neutralizatio		BR		
85597	26	Platelet neutralizatio		BR		
85597	TC	Platelet neutralizatio		BR		
85610		Prothrombin time		$12		
85610	26	Prothrombin time		$4		
85610	TC	Prothrombin time		$8		
85611		Prothrombin test		BR		
85611	26	Prothrombin test		BR		
85611	TC	Prothrombin test		BR		
85612		Viper venom prothrombi		$43		
85612	26	Viper venom prothrombi		$12		
85612	TC	Viper venom prothrombi		$31		
85613		Russell viper venom, d		BR		
85613	26	Russell viper venom, d		BR		
85613	TC	Russell viper venom, d		BR		
85635		Reptilase test		$51		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
85635	26	Reptilase test		$16		
85635	TC	Reptilase test		$35		
85651		Rbc sed rate, nonautomated.		$15		
85651	26	Rbc sed rate, nonautomated.		$3		
85651	TC	Rbc sed rate, nonautomated.		$10		
85652		Rbc sed rate, automated.		BR		
85660		RBC sickle cell test		$18		
85660	26	RBC sickle cell test		$6		
85660	TC	RBC sickle cell test		$12		
85670		Thrombin time, plasma		$24		
85670	26	Thrombin time, plasma		$6		
85670	TC	Thrombin time, plasma		$18		
85675		Thrombin time, titer		$24		
85675	26	Thrombin time, titer		$8		
85675	TC	Thrombin time, titer		$16		
85705		Thromboplastin inhibit		BR		
85705	26	Thromboplastin inhibit		BR		
85705	TC	Thromboplastin inhibit		BR		
85730		Thromboplastin time, p		$20		
85730	26	Thromboplastin time, p		$6		
85730	TC	Thromboplastin time, p		$14		
85732		Thromboplastin time, p		$32		
85732	26	Thromboplastin time, p		$10		
85732	TC	Thromboplastin time, p		$22		
85810		Blood viscosity examin		$37		
85810	26	Blood viscosity examin		$8		
85810	TC	Blood viscosity examin		$29		
85999		Hematology procedure		BR		
85999	26	Hematology procedure		BR		
85999	TC	Hematology procedure		BR		
86000		Agglutinins; febrile		$34		
86000	26	Agglutinins; febrile		$12		
86000	TC	Agglutinins; febrile		$22		
86001		Allergen specific igg		BR	BR	*
86003		Allergen specific IgE.		BR		
86003	26	Allergen specific IgE.		BR		
86003	TC	Allergen specific IgE.		BR		
86005		Allergen specific IgE.		BR		
86005	26	Allergen specific IgE.		BR		
86005	TC	Allergen specific IgE.		BR		
86021		WBC antibody identific		$77		
86021	26	WBC antibody identific		$22		
86021	TC	WBC antibody identific		$55		
86022		Platelet antibodies		$108		
86022	26	Platelet antibodies		$35		
86022	TC	Platelet antibodies		$73		
86023		Immunoglobulin assay		$53		
86023	26	Immunoglobulin assay		$18		
86023	TC	Immunoglobulin assay		$35		
86038		Antinuclear antibodies		$63		
86038	26	Antinuclear antibodies		$20		
86038	TC	Antinuclear antibodies		$43		
86039		Antinuclear antibodies		BR		
86039	26	Antinuclear antibodies		BR		
86039	TC	Antinuclear antibodies		BR		
86060		Antistreptolysin O tit		$24		
86060	26	Antistreptolysin O tit		$6		
86060	TC	Antistreptolysin O tit		$18		
86063		Antistreptolysin O scr		$41		
86063	26	Antistreptolysin O scr		$12		
86063	TC	Antistreptolysin O scr		$29		
86064		B cells, total count		BR	BR	*
86077		Physician blood bank s		$169		
86077	26	Physician blood bank s		$51		
86077	TC	Physician blood bank s		$118		
86078		Physician blood bank s		$169		
86078	26	Physician blood bank s		$51		
86078	TC	Physician blood bank s		$118		
86079		Physician blood bank s		$147		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86079	26	Physician blood bank s		$49		
86079	TC	Physician blood bank s		$98		
86140		C-reactive protein		$26		*
86140	26	C-reactive protein		$8		*
86140	TC	C-reactive protein		$18		*
86141		C-reactive protein, hs		BR	BR	*
86146		Glycoprotein antibody		BR	BR	*
86147		Cardiolipin antibody		BR		*
86147	26	Cardiolipin antibody		BR		*
86147	TC	Cardiolipin antibody		BR		*
86148		Phospholipid antibody.		BR		
86155		Chemotaxis assay		$51		
86155	26	Chemotaxis assay		$16		
86155	TC	Chemotaxis assay		$35		
86156		Cold agglutinin screen		BR		
86156	26	Cold agglutinin screen		BR		
86156	TC	Cold agglutinin screen		BR		
86157		Cold agglutinin, titer		BR		
86157	26	Cold agglutinin, titer		BR		
86157	TC	Cold agglutinin, titer		BR		
86160		Complement, antigen		BR		
86160	26	Complement, antigen		BR		
86160	TC	Complement, antigen		BR		
86161		Complement/function ac		BR		
86161	26	Complement/function ac		BR		
86161	TC	Complement/function ac		BR		
86162		Complement, total (CH5		$102		
86162	26	Complement, total (CH5		$35		
86162	TC	Complement, total (CH5		$67		
86171		Complement fixation, e		$49		
86171	26	Complement fixation, e		$14		
86171	TC	Complement fixation, e		$35		
86185		Counterimmunoelectroph		$36		
86185	26	Counterimmunoelectroph		$12		
86185	TC	Counterimmunoelectroph		$24		
86215		Deoxyribonuclease, ant		$67		
86215	26	Deoxyribonuclease, ant		$22		
86215	TC	Deoxyribonuclease, ant		$45		
86225		DNA antibody		$67		
86225	26	DNA antibody		$20		
86225	TC	DNA antibody		$47		
86226		DNA antibody, single s		BR		
86226	26	DNA antibody, single s		BR		
86226	TC	DNA antibody, single s		BR		
86235		Nuclear antigen antibo		$61		
86235	26	Nuclear antigen antibo		$18		
86235	TC	Nuclear antigen antibo		$43		
86243		Fc receptor		$94		
86243	26	Fc receptor		$29		
86243	TC	Fc receptor		$65		
86255		Fluorescent antibody, screen.		$76		
86255	26	Fluorescent antibody, screen.		$41		
86255	TC	Fluorescent antibody, screen.		$35		
86256		Fluorescent antibody;		$49		
86256	26	Fluorescent antibody;		$16		
86256	TC	Fluorescent antibody;		$33		
86277		Growth hormone antibod		$77		
86277	26	Growth hormone antibod		$26		
86277	TC	Growth hormone antibod		$51		
86280		Hemagglutination inhib		$28		
86280	26	Hemagglutination inhib		$6		
86280	TC	Hemagglutination inhib		$22		
86294		Immunoassay tumor, qual		BR	BR	*
86300		Immunoassay tumor, ca 15-3		BR	BR	*
86301		Immunoassay tumor, ca 19-9		BR	BR	*
86304		Immunoassay tumor, ca 125		BR	BR	*
86308		Heterophile antibodies		BR		
86308	26	Heterophile antibodies		BR		
86308	TC	Heterophile antibodies		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86309		Heterophile antibodies		BR		
86309	26	Heterophile antibodies		BR		
86309	TC	Heterophile antibodies		BR		
86310		Heterophile antibodies		$36		
86310	26	Heterophile antibodies		$12		
86310	TC	Heterophile antibodies		$24		
86316		Immunoassay, tumor ant		$69		*
86316	26	Immunoassay, tumor ant		$20		*
86316	TC	Immunoassay, tumor ant		$49		*
86317		Immunoassay,infectious agent.		$64		
86317	26	Immunoassay,infectious agent.		$20		
86317	TC	Immunoassay,infectious agent.		$44		
86318		Immunoassay,infectious agent.		$64		
86318	26	Immunoassay,infectious agent.		$26		
86318	TC	Immunoassay,infectious agent.		$38		
86320		Serum immunoelectropho		$92		
86320	26	Serum immunoelectropho		$37		
86320	TC	Serum immunoelectropho		$55		
86325		Other immunoelectrophoresis		$92		*
86325	26	Other immunoelectrophoresis		$36	$36	*
86325	TC	Other immunoelectrophoresis		$61		*
86327		Immunoelectrophoresis		$116		
86327	26	Immunoelectrophoresis		$37		
86327	TC	Immunoelectrophoresis		$79		
86329		Immunodiffusion		$69		
86329	26	Immunodiffusion		$22		
86329	TC	Immunodiffusion		$47		
86331		Immunodiffusion ouchte		$61		
86331	26	Immunodiffusion ouchte		$18		
86331	TC	Immunodiffusion ouchte		$43		
86332		Immune complex assay		$102		
86332	26	Immune complex assay		$35		
86332	TC	Immune complex assay		$67		
86334		Immunofix e-phoresis, serum		$121		*
86334	26	Immunofix e-phoresis, serum		$38	$38	*
86334	TC	Immunofix e-phoresis, serum		$86		*
86335		Immunfix e-phorsis/urine/csf		$0		*
86336		Inhibin a		BR	BR	*
86337		Insulin antibodies		$102		
86337	26	Insulin antibodies		$35		
86337	TC	Insulin antibodies		$67		
86340		Intrinsic factor antib		$73		
86340	26	Intrinsic factor antib		$24		
86340	TC	Intrinsic factor antib		$49		
86341		Islet cell antibody		BR		
86341	26	Islet cell antibody		BR		
86341	TC	Islet cell antibody		BR		
86343		Leukocyte histamine re		$61		
86343	26	Leukocyte histamine re		$20		
86343	TC	Leukocyte histamine re		$41		
86344		Leukocyte phagocytosis		$40		
86344	26	Leukocyte phagocytosis		$14		
86344	TC	Leukocyte phagocytosis		$26		
86353		Lymphocyte transformat		$189		
86353	26	Lymphocyte transformat		$57		
86353	TC	Lymphocyte transformat		$132		
86359		T cells, total count		BR		
86359	26	T cells, total count		BR		
86359	TC	T cells, total count		BR		
86360		T cell, absolute count ratio.		BR		
86360	26	T cell, absolute count ratio.		BR		
86360	TC	T cell, absolute count ratio.		BR		
86361		T cell, absolute count		BR		
86376		Microsomal antibody		$65		
86376	26	Microsomal antibody		$20		
86376	TC	Microsomal antibody		$45		
86378		Migration inhibitory f		$86		
86378	26	Migration inhibitory f		$29		
86378	TC	Migration inhibitory f		$57		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86379		NK cells, total count		BR	BR	*
86382		Neutralization test, v		$85		
86382	26	Neutralization test, v		$26		
86382	TC	Neutralization test, v		$59		
86384		Nitroblue tetrazolium		$47		
86384	26	Nitroblue tetrazolium		$16		
86384	TC	Nitroblue tetrazolium		$31		
86403		Particle agglutination test.		$38		
86403	26	Particle agglutination test.		$8		
86403	TC	Particle agglutination test.		$30		
86406		Particle agglutination		BR		
86430		Rheumatoid factor test		$24		
86430	26	Rheumatoid factor test		$8		
86430	TC	Rheumatoid factor test		$16		
86431		Rheumatoid factor, qua		$32		
86431	26	Rheumatoid factor, qua		$12		
86431	TC	Rheumatoid factor, qua		$20		
86485		Skin test, candida		BR		
86485	26	Skin test, candida		BR		
86485	TC	Skin test, candida		BR		
86490		Coccidioidomycosis ski		$32		
86490	26	Coccidioidomycosis ski		$10		
86490	TC	Coccidioidomycosis ski		$22		
86510		Histoplasmosis skin te		$24		
86510	26	Histoplasmosis skin te		$8		
86510	TC	Histoplasmosis skin te		$16		
86580		TB intradermal test		$24		
86580	26	TB intradermal test		$8		
86580	TC	TB intradermal test		$16		
86585		TB tine test		$24		
86585	26	TB tine test		$8		
86585	TC	TB tine test		$16		
86586		Skin test, unlisted...		BR		
86586	26	Skin test, unlisted...		BR		
86586	TC	Skin test, unlisted...		BR		
86587		Stem cells, total count		BR	BR	*
86590		Streptokinase, antibod		$34		
86590	26	Streptokinase, antibod		$12		
86590	TC	Streptokinase, antibod		$22		
86592		Blood serology, qualit		$16		
86592	26	Blood serology, qualit		$4		
86592	TC	Blood serology, qualit		$12		
86593		Blood serology, quanti		$20		
86593	26	Blood serology, quanti		$6		
86593	TC	Blood serology, quanti		$14		
86602		Antinomyces antibody		BR		
86602	26	Antinomyces antibody		BR		
86602	TC	Antinomyces antibody		BR		
86603		Adenovirus, antibody		BR		
86603	26	Adenovirus, antibody		BR		
86603	TC	Adenovirus, antibody		BR		
86606		Aspergillus antibody		BR		
86606	26	Aspergillus antibody		BR		
86606	TC	Aspergillus antibody		BR		
86609		Bacterium, antibody		BR		
86609	26	Bacterium, antibody		BR		
86609	TC	Bacterium, antibody		BR		
86611		Bartonella antibody		BR	BR	*
86612		Blastomyces, antibody		BR		
86612	26	Blastomyces, antibody		BR		
86612	TC	Blastomyces, antibody		BR		
86615		Bordetella antibody		BR		
86615	26	Bordetella antibody		BR		
86615	TC	Bordetella antibody		BR		
86617		Lyme disease antibody		BR		
86618		Lyme disease antibody		BR		
86618	26	Lyme disease antibody		BR		
86618	TC	Lyme disease antibody		BR		
86619		Borrelia antibody		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86619	26	Borrelia antibody		BR		
86619	TC	Borrelia antibody		BR		
86622		Brucella, antibody		BR		
86622	26	Brucella, antibody		BR		
86622	TC	Brucella, antibody		BR		
86625		Campylobacter, antibod		BR		
86625	26	Campylobacter, antibod		BR		
86625	TC	Campylobacter, antibod		BR		
86628		Candida, antibody		BR		
86628	26	Candida, antibody		BR		
86628	TC	Candida, antibody		BR		
86631		Chlamydia, antibody		BR		
86631	26	Chlamydia, antibody		BR		
86631	TC	Chlamydia, antibody		BR		
86632		Chlamydia, IgM, antibo		BR		
86632	26	Chlamydia, IgM, antibo		BR		
86632	TC	Chlamydia, IgM, antibo		BR		
86635		Coccidioides, antibody		BR		
86635	26	Coccidioides, antibody		BR		
86635	TC	Coccidioides, antibody		BR		
86638		Q fever antibody		BR		
86638	26	Q fever antibody		BR		
86638	TC	Q fever antibody		BR		
86641		Cryptococcus antibody		BR		
86641	26	Cryptococcus antibody		BR		
86641	TC	Cryptococcus antibody		BR		
86644		CMV antibody		BR		
86644	26	CMV antibody		BR		
86644	TC	CMV antibody		BR		
86645		CMV antibody, IgM		BR		
86645	26	CMV antibody, IgM		BR		
86645	TC	CMV antibody, IgM		BR		
86648		Diphtheria antibody		BR		
86648	26	Diphtheria antibody		BR		
86648	TC	Diphtheria antibody		BR		
86651		Encephalitis antibody		BR		
86651	26	Encephalitis antibody		BR		
86651	TC	Encephalitis antibody		BR		
86652		Encephalitis antibody		BR		
86652	26	Encephalitis antibody		BR		
86652	TC	Encephalitis antibody		BR		
86653		Encephalitis, antibody		BR		
86653	26	Encephalitis, antibody		BR		
86653	TC	Encephalitis, antibody		BR		
86654		Encephalitis, antibody		BR		
86654	26	Encephalitis, antibody		BR		
86654	TC	Encephalitis, antibody		BR		
86658		Enterovirus, antibody		BR		
86658	26	Enterovirus, antibody		BR		
86658	TC	Enterovirus, antibody		BR		
86663		Epstein-barr antibody		BR		
86663	26	Epstein-barr antibody		BR		
86663	TC	Epstein-barr antibody		BR		
86664		Epstein-barr antibody		BR		
86664	26	Epstein-barr antibody		BR		
86664	TC	Epstein-barr antibody		BR		
86665		Epstein-barr, antibody		BR		
86665	26	Epstein-barr, antibody		BR		
86665	TC	Epstein-barr, antibody		BR		
86666		Ehrlichia antibody		BR	BR	*
86668		Francisella tularensis		BR		
86668	26	Francisella tularensis		BR		
86668	TC	Francisella tularensis		BR		
86671		Fungus, antibody		BR		
86671	26	Fungus, antibody		BR		
86671	TC	Fungus, antibody		BR		
86674		Giardia lamblia		BR		
86674	26	Giardia lamblia		BR		
86674	TC	Giardia lamblia		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86677		Helicobacter pylori		BR		
86677	26	Helicobacter pylori		BR		
86677	TC	Helicobacter pylori		BR		
86682		Helminth, antibody		BR		
86682	26	Helminth, antibody		BR		
86682	TC	Helminth, antibody		BR		
86684		Hemophilus influenza		BR		
86684	26	Hemophilus influenza		BR		
86684	TC	Hemophilus influenza		BR		
86687		HTLV I		$20		
86687	26	HTLV I		$6		
86687	TC	HTLV I		$14		
86688		HTLV-II		BR		
86688	26	HTLV-II		BR		
86688	TC	HTLV-II		BR		
86689		HTLV/HIV confirmatory		$20		
86689	26	HTLV/HIV confirmatory		$6		
86689	TC	HTLV/HIV confirmatory		$14		
86692		Hepatitis, delta agent		BR		
86692	26	Hepatitis, delta agent		BR		
86692	TC	Hepatitis, delta agent		BR		
86694		Herpes simplex test		BR		
86694	26	Herpes simplex test		BR		
86694	TC	Herpes simplex test		BR		
86695		Herpes simplex test		BR		
86695	26	Herpes simplex test		BR		
86695	TC	Herpes simplex test		BR		
86696		Herpes simplex type 2		BR	BR	*
86698		Histoplasma		BR		
86698	26	Histoplasma		BR		
86698	TC	Histoplasma		BR		
86701		HIV-1		BR		
86701	26	HIV-1		BR		
86701	TC	HIV-1		BR		
86702		HIV-2		BR		
86702	26	HIV-2		BR		
86702	TC	HIV-2		BR		
86703		HIV-1/HIV-2, single as		BR		
86703	26	HIV-1/HIV-2, single as		BR		
86703	TC	HIV-1/HIV-2, single as		BR		
86704		Hep b core antibody, igg/igm.		BR		*
86705		Hep b core antibody, igm.		BR		
86706		Hep b surface antibody		BR		
86707		Hep be antibody.....		BR		
86708		Hep a antibody, igg/ igm.		BR		*
86709		Hep a antibody, igm...		BR		
86710		Influenza virus antibody.		BR		
86710	26	Influenza virus antibody.		BR		
86710	TC	Influenza virus antibody.		BR		
86713		Legionella		BR		
86713	26	Legionella		BR		
86713	TC	Legionella		BR		
86717		Leishmania		BR		
86717	26	Leishmania		BR		
86717	TC	Leishmania		BR		
86720		Leptospira		BR		
86720	26	Leptospira		BR		
86720	TC	Leptospira		BR		
86723		Listeria monocytogenes		BR		
86723	26	Listeria monocytogenes		BR		
86723	TC	Listeria monocytogenes		BR		
86727		Lymph choriomeningitis		BR		
86727	26	Lymph choriomeningitis		BR		
86727	TC	Lymph choriomeningitis		BR		
86729		Lympho venereum		BR		
86729	26	Lympho venereum		BR		
86729	TC	Lympho venereum		BR		
86732		Mucormycosis		BR		
86732	26	Mucormycosis		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86732	TC	Mucormycosis		BR		
86735		Mumps		$24		
86735	26	Mumps		$8		
86735	TC	Mumps		$16		
86738		Mycoplasma		BR		
86738	26	Mycoplasma		BR		
86738	TC	Mycoplasma		BR		
86741		Neisseria meningitidis		BR		
86741	26	Neisseria meningitidis		BR		
86741	TC	Neisseria meningitidis		BR		
86744		Nocardia		BR		
86744	26	Nocardia		BR		
86744	TC	Nocardia		BR		
86747		Parvovirus		BR		
86747	26	Parvovirus		BR		
86747	TC	Parvovirus		BR		
86750		Malaria		BR		
86750	26	Malaria		BR		
86750	TC	Malaria		BR		
86753		Protozoa, not elsewher		BR		
86753	26	Protozoa, not elsewher		BR		
86753	TC	Protozoa, not elsewher		BR		
86756		Respiratory virus		BR		
86756	26	Respiratory virus		BR		
86756	TC	Respiratory virus		BR		
86757		Rickettsia antibody		BR	BR	*
86759		Rotavirus		BR		
86759	26	Rotavirus		BR		
86759	TC	Rotavirus		BR		
86762		Rubella		BR		
86762	26	Rubella		BR		
86762	TC	Rubella		BR		
86765		Rubeola		BR		
86765	26	Rubeola		BR		
86765	TC	Rubeola		BR		
86768		Salmonella		BR		
86768	26	Salmonella		BR		
86768	TC	Salmonella		BR		
86771		Shigella		BR		
86771	26	Shigella		BR		
86771	TC	Shigella		BR		
86774		Tetanus		BR		
86774	26	Tetanus		BR		
86774	TC	Tetanus		BR		
86777		Toxoplasma		BR		
86777	26	Toxoplasma		BR		
86777	TC	Toxoplasma		BR		
86778		Toxoplasma, IgM		BR		
86778	26	Toxoplasma, IgM		BR		
86778	TC	Toxoplasma, IgM		BR		
86781		Treponema pallidum con		$43		
86781	26	Treponema pallidum con		$14		
86781	TC	Treponema pallidum con		$29		
86784		Trichinella		BR		
86784	26	Trichinella		BR		
86784	TC	Trichinella		BR		
86787		Varicella-zoster		BR		
86787	26	Varicella-zoster		BR		
86787	TC	Varicella-zoster		BR		
86790		Virus, not specified		BR		
86790	26	Virus, not specified		BR		
86790	TC	Virus, not specified		BR		
86793		Yersinia		BR		
86793	26	Yersinia		BR		
86793	TC	Yersinia		BR		
86800		Thyroglobulin antibody		$79		
86800	26	Thyroglobulin antibody		$26		
86800	TC	Thyroglobulin antibody		$53		
86803		Hepatitis c ab test...		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86804		Hep c ab test, confirm		BR		
86805		Lymphocytotoxicity ass		$179		
86805	26	Lymphocytotoxicity ass		$61		
86805	TC	Lymphocytotoxicity ass		$118		
86806		Lymphocytotoxicity ass		$161		
86806	26	Lymphocytotoxicity ass		$53		
86806	TC	Lymphocytotoxicity ass		$108		
86807		Cytotoxic antibody scr		$137		
86807	26	Cytotoxic antibody scr		$41		
86807	TC	Cytotoxic antibody scr		$96		
86808		Cytotoxic antibody scr		$98		
86808	26	Cytotoxic antibody scr		$29		
86808	TC	Cytotoxic antibody scr		$69		
86812		HLA typing, A, B, or C		$244		
86812	26	HLA typing, A, B, or C		$73		
86812	TC	HLA typing, A, B, or C		$171		
86813		HLA typing, A, B, or C		$187		
86813	26	HLA typing, A, B, or C		$57		
86813	TC	HLA typing, A, B, or C		$130		
86816		HLA typing, DR/DQ		$119		
86816	26	HLA typing, DR/DQ		$35		
86816	TC	HLA typing, DR/DQ		$84		
86817		HLA typing, DR/DQ		$246		
86817	26	HLA typing, DR/DQ		$73		
86817	TC	HLA typing, DR/DQ		$173		
86821		Lymphocyte culture, mi		$226		
86821	26	Lymphocyte culture, mi		$67		
86821	TC	Lymphocyte culture, mi		$159		
86822		Lymphocyte culture, pr		$177		
86822	26	Lymphocyte culture, pr		$59		
86822	TC	Lymphocyte culture, pr		$118		
86849		Immunology procedure		BR		
86849	26	Immunology procedure		BR		
86849	TC	Immunology procedure		BR		
86850		RBC antibody screen		$22		
86850	26	RBC antibody screen		$8		
86850	TC	RBC antibody screen		$14		
86860		RBC antibody elution		$84		
86860	26	RBC antibody elution		$29		
86860	TC	RBC antibody elution		$55		
86870		RBC antibody identific		BR		
86870	26	RBC antibody identific		BR		
86870	TC	RBC antibody identific		BR		
86880		Coombs test		$24		
86880	26	Coombs test		$8		
86880	TC	Coombs test		$16		
86885		Coombs test		BR		
86885	26	Coombs test		BR		
86885	TC	Coombs test		BR		
86886		Coombs test		$26		
86886	26	Coombs test		$8		
86886	TC	Coombs test		$18		
86890		Autologous blood proce		BR		
86890	26	Autologous blood proce		BR		
86890	TC	Autologous blood proce		BR		
86891		Autologous blood, op s		$169		
86891	26	Autologous blood, op s		$51		
86891	TC	Autologous blood, op s		$118		
86900		Blood typing, ABO		$20		
86900	26	Blood typing, ABO		$6		
86900	TC	Blood typing, ABO		$14		
86901		Blood typing, Rh (D)		$22		
86901	26	Blood typing, Rh (D)		$8		
86901	TC	Blood typing, Rh (D)		$14		
86903		Blood typing, antigen		BR		
86903	26	Blood typing, antigen		BR		
86903	TC	Blood typing, antigen		BR		
86904		Blood typing, patient		$36		
86904	26	Blood typing, patient		$12		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86904	TC	Blood typing, patient		$24		
86905		Blood typing, RBC anti		$16		
86905	26	Blood typing, RBC anti		$4		
86905	TC	Blood typing, RBC anti		$12		
86906		Blood typing, Rh pheno		BR		
86906	26	Blood typing, Rh pheno		BR		
86906	TC	Blood typing, Rh pheno		BR		
86910		Blood typing, paternity test.		$155		
86910	26	Blood typing, paternity test.		$47		
86910	TC	Blood typing, paternity test.		$108		
86911		Blood typing, antigen		BR		
86911	26	Blood typing, antigen		BR		
86911	TC	Blood typing, antigen		BR		
86920		Compatibility test		$39		
86920	26	Compatibility test		$8		
86920	TC	Compatibility test		$31		
86921		Compatibility test		$45		
86921	26	Compatibility test		$14		
86921	TC	Compatibility test		$31		
86922		Compatibility test		$45		
86922	26	Compatibility test		$14		
86922	TC	Compatibility test		$31		
86927		Plasma, fresh frozen		BR		
86927	26	Plasma, fresh frozen		BR		
86927	TC	Plasma, fresh frozen		BR		
86930		Frozen blood prep		$286		*
86930	26	Frozen blood prep		$86		*
86930	TC	Frozen blood prep		$200		*
86931		Frozen blood thaw		$286		*
86931	26	Frozen blood thaw		$86		*
86931	TC	Frozen blood thaw		$200		*
86932		Frozen blood, freeze/t		$296		*
86932	26	Frozen blood, freeze/t		$90		*
86932	TC	Frozen blood, freeze/t		$206		*
86940		Hemolysins/ agglutinins, auto.		$34		
86940	26	Hemolysins/ agglutinins, auto.		$10		
86940	TC	Hemolysins/ agglutinins, auto.		$24		
86941		Hemolysins/agglutinins		$57		
86941	26	Hemolysins/agglutinins		$16		
86941	TC	Hemolysins/agglutinins		$41		
86945		Blood product/irradiat		$65		
86945	26	Blood product/irradiat		$20		
86945	TC	Blood product/irradiat		$45		
86950		Leukacyte transfusion		$183		
86950	26	Leukacyte transfusion		$55		
86950	TC	Leukacyte transfusion		$128		
86965		Pooling blood platelet		$49		
86965	26	Pooling blood platelet		$14		
86965	TC	Pooling blood platelet		$35		
86970		RBC pretreatment		$77		
86970	26	RBC pretreatment		$22		
86970	TC	RBC pretreatment		$55		
86971		RBC pretreatment		$39		
86971	26	RBC pretreatment		$10		
86971	TC	RBC pretreatment		$29		
86972		RBC pretreatment		$38		
86972	26	RBC pretreatment		$12		
86972	TC	RBC pretreatment		$26		
86975		RBC pretreatment, seru		$100		
86975	26	RBC pretreatment, seru		$31		
86975	TC	RBC pretreatment, seru		$69		
86976		RBC pretreatment, seru		$100		
86976	26	RBC pretreatment, seru		$31		
86976	TC	RBC pretreatment, seru		$69		
86977		RBC pretreatment, seru		$100		
86977	26	RBC pretreatment, seru		$31		
86977	TC	RBC pretreatment, seru		$69		
86978		RBC pretreatment, seru		$121		
86978	26	RBC pretreatment, seru		$37		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
86978	TC	RBC pretreatment, seru		$84		
86985		Split blood or product		BR		
86985	26	Split blood or product		BR		
86985	TC	Split blood or product		BR		
86999		Transfusion procedure		BR		
86999	26	Transfusion procedure		BR		
86999	TC	Transfusion procedure		BR		
87001		Small animal inoculati		$65		
87001	26	Small animal inoculati		$20		
87001	TC	Small animal inoculati		$45		
87003		Small animal inoculati		$75		
87003	26	Small animal inoculati		$24		
87003	TC	Small animal inoculati		$51		
87015		Specimen concentration		$30		*
87015	26	Specimen concentration		$10		*
87015	TC	Specimen concentration		$20		*
87040		Blood culture for bact		$34		*
87040	26	Blood culture for bact		$12		*
87040	TC	Blood culture for bact		$22		*
87045		Stool culture for bact		$43		*
87045	26	Stool culture for bact		$14		*
87045	TC	Stool culture for bact		$29		*
87046		Stool culture, bacteria, each		BR	BR	*
87070		Culture specimen, bact		$26		*
87070	26	Culture specimen, bact		$8		*
87070	TC	Culture specimen, bact		$18		*
87071		Culture bacteria aerobic other		BR	BR	*
87073		Culture bacteria anaerobic		BR	BR	*
87075		Culture specimen, bact		$34		*
87075	26	Culture specimen, bact		$12		*
87075	TC	Culture specimen, bact		$22		*
87076		Bacteria identificatio		$47		*
87076	26	Bacteria identificatio		$16		*
87076	TC	Bacteria identificatio		$31		*
87077		Culture aerobic identify		BR	BR	*
87081		Bacteria culture scree		$22		*
87081	26	Bacteria culture scree		$6		*
87081	TC	Bacteria culture scree		$16		*
87084		Culture of specimen by		$45		
87084	26	Culture of specimen by		$14		
87084	TC	Culture of specimen by		$31		
87086		Urine culture, colony		$26		*
87086	26	Urine culture, colony		$6		*
87086	TC	Urine culture, colony		$20		*
87088		Urine bacteria culture		$34		*
87088	26	Urine bacteria culture		$12		*
87088	TC	Urine bacteria culture		$22		*
87101		Skin fungus culture		$38		*
87101	26	Skin fungus culture		$12		*
87101	TC	Skin fungus culture		$26		*
87102		Fungus isolation cultu		$38		
87102	26	Fungus isolation cultu		$12		
87102	TC	Fungus isolation cultu		$26		
87103		Blood fungus culture		$59		
87103	26	Blood fungus culture		$20		
87103	TC	Blood fungus culture		$39		
87106		Fungus identification		$49		*
87106	26	Fungus identification		$14		*
87106	TC	Fungus identification		$35		*
87107		Fungi identification, mold		BR	BR	*
87109		Mycoplasma culture		$51		*
87109	26	Mycoplasma culture		$16		*
87109	TC	Mycoplasma culture		$35		*
87110		Culture, chlamydia		$61		*
87110	26	Culture, chlamydia		$18		*
87110	TC	Culture, chlamydia		$43		*
87116		Mycobacteria culture		$49		*
87116	26	Mycobacteria culture		$14		*
87116	TC	Mycobacteria culture		$35		*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
87118		Mycobacteria identific		$49		*
87118	26	Mycobacteria identific		$14		*
87118	TC	Mycobacteria identific		$35		*
87140		Culture typing, fluore		$47		*
87140	26	Culture typing, fluore		$14		*
87140	TC	Culture typing, fluore		$33		*
87143		Culture typing, GLC me		$63		*
87143	26	Culture typing, GLC me		$20		*
87143	TC	Culture typing, GLC me		$43		*
87147		Culture typing, serolo		$51		*
87147	26	Culture typing, serolo		$16		*
87147	TC	Culture typing, serolo		$35		*
87149		Culture type, nucleic acid		BR	BR	*
87152		Culture type pulse field gel		BR	BR	*
87158		Culture typing, added		$18		
87158	26	Culture typing, added		$4		
87158	TC	Culture typing, added		$14		
87164		Dark field examination		$47		
87164	26	Dark field examination		$16		
87164	TC	Dark field examination		$31		
87166		Dark field examination		$47		
87166	26	Dark field examination		$14		
87166	TC	Dark field examination		$33		
87168		Macroscopic exam arthropod		BR	BR	*
87169		Macroscopic exam parasite		BR	BR	*
87172		Pinworm exam		BR	BR	*
87176		Endotoxin, bacterial		$30		*
87176	26	Endotoxin, bacterial		$10		*
87176	TC	Endotoxin, bacterial		$20		*
87177		Ova and parasites smea		$34		
87177	26	Ova and parasites smea		$12		
87177	TC	Ova and parasites smea		$22		
87181		Antibiotic sensitivity		$24		*
87181	26	Antibiotic sensitivity		$8		*
87181	TC	Antibiotic sensitivity		$16		*
87184		Antibiotic sensitivity, each.		$27		*
87184	26	Antibiotic sensitivity, each.		$7		*
87184	TC	Antibiotic sensitivity, each.		$20		*
87185		Microbe susceptible, enzyme		BR	BR	*
87186		Antibiotic sensitivity		$30		*
87186	26	Antibiotic sensitivity		$8		*
87186	TC	Antibiotic sensitivity		$22		*
87187		Antibiotic sensitivity		$39		*
87187	26	Antibiotic sensitivity		$6		*
87187	TC	Antibiotic sensitivity		$33		*
87188		Antibiotic sensitivity		$34		*
87188	26	Antibiotic sensitivity		$10		*
87188	TC	Antibiotic sensitivity		$24		*
87190		TB antibiotic sensitiv		$14		*
87190	26	TB antibiotic sensitiv		$4		*
87190	TC	TB antibiotic sensitiv		$10		*
87197		Bactericidal level, se		$55		
87197	26	Bactericidal level, se		$18		
87197	TC	Bactericidal level, se		$37		
87205		Smear, stain & interpr		$20		*
87205	26	Smear, stain & interpr		$6		*
87205	TC	Smear, stain & interpr		$14		*
87206		Smear, stain & interpr		$28		*
87206	26	Smear, stain & interpr		$6		*
87206	TC	Smear, stain & interpr		$22		*
87207		Smear, special stain		$18		*
87207	26	Smear, special stain		$38	$38	*
87207	TC	Smear, special stain		$12		*
87210		Smear, stain & interpr		$16		*
87210	26	Smear, stain & interpr		$4		*
87210	TC	Smear, stain & interpr		$12		*
87220		Tissue exam for fungi		$22		*
87220	26	Tissue exam for fungi		$8		*
87220	TC	Tissue exam for fungi		$14		*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
87230		Assay, toxin or antito		$65		
87230	26	Assay, toxin or antito		$20		
87230	TC	Assay, toxin or antito		$45		
87250		Virus inoculation for		$61		*
87250	26	Virus inoculation for		$24		*
87250	TC	Virus inoculation for		$37		*
87252		Virus inoculation for		$83		*
87252	26	Virus inoculation for		$26		*
87252	TC	Virus inoculation for		$57		*
87253		Virus inoculation for		$61		*
87253	26	Virus inoculation for		$18		*
87253	TC	Virus inoculation for		$43		*
87254		Virus inoculation, shell via		BR	BR	*
87255		Genet virus isolate, hsv		BR	BR	*
87260		Adenovirus ag, dfa....		BR		*
87265		Pertussis ag, dfa.....		BR		
87267		Enterovirus antibody, dfa		BR	BR	*
87269		Giardia ag, if		BR	BR	*
87270		Chylmd trach ag, dfa..		BR		
87271		Cryptosporidum/gardia ag, if		BR	BR	*
87272		Cryptosporidum ag, dfa		BR		*
87273		Herpes simplex 2, ag, if		BR	BR	*
87274		Herpes simplex ag, dfa		BR		*
87275		Influenza b, ag, if		BR	BR	*
87276		Influenza ag, dfa.....		BR		
87277		Legionella micdadei, ag, if		BR	BR	*
87278		Legion pneumo ag, dfa.		BR		
87279		Parainfluenza, ag, if		BR	BR	*
87280		Resp syncytial ag, dfa		BR		
87281		Pneumocystis carinii, ag, if		BR	BR	*
87283		Rubeola, ag, if		BR	BR	*
87285		Trepon pallidum ag, dfa.		BR		
87290		Varicella ag, dfa.....		BR		
87299		Ag detection nos, dfa.		BR		*
87300		Ag detection, polyval, if		BR	BR	*
87301		Adenovirus ag, eia....		BR		
87320		Chylmd trach ag, eia..		BR		
87324		Clostridium ag, eia...		BR		*
87327		Cryptococcus neoform ag, eia		BR	BR	*
87328		Cryptospor ag, eia		BR		*
87329		Giardia ag, eia		BR	BR	*
87332		Cytomegalovirus ag, eia.		BR		
87335		E coli 0157 ag, eia...		BR		
87336		Entamoeb hist dispr, ag, eia		BR	BR	*
87337		Entamoeb hist group, ag, eia		BR	BR	*
87338		Hpylori, stool, eia...		BR		
87339		H pylori ag, eia		BR	BR	*
87340		Hepatitis b surface ag, eia.		BR		
87341		Hepatitis B surface, ag, eia		BR	BR	*
87350		Hepatitis be ag, eia..		BR		
87380		Hepatitis delta ag, eia.		BR		
87385		Histoplasma capsul ag, eia.		BR		
87390		Hiv-1 ag, eia.....		BR		
87391		Hiv-2 ag, eia.....		BR		
87400		Influenza A/B, ag, eia		BR	BR	*
87420		Resp syncytial ag, eia		BR		
87425		Rotavirus ag, eia.....		BR		
87427		Shiga-like toxin ag, eia		BR	BR	*
87430		Strep a ag, eia.....		BR		
87449		Ag detect nos, eia, mult.		BR		*
87450		Ag detect nos, eia, single.		BR		*
87451		Ag detect polyval, eia, mult		BR	BR	*
87470		Bartonella, dna, dir probe.		BR		
87471		Bartonella, dna, amp probe.		BR		
87472		Bartonella, dna, quant		BR		
87475		Lyme dis, dna, dir probe.		BR		
87476		Lyme dis, dna, amp probe.		BR		
87477		Lyme dis, dna, quant..		BR		
87480		Candida, dna, dir probe.		BR		

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87481		Candida, dna, amp probe.		BR		
87482		Candida, dna, quant...		BR		
87485		Chylmd pneum, dna, dir probe.		BR		
87486		Chylmd pneum, dna, amp probe.		BR		
87487		Chylmd pneum, dna, quant.		BR		
87490		Chylmd trach, dna, dir probe.		BR		
87491		Chylmd trach, dna, amp probe.		BR		
87492		Chylmd trach, dna, quant.		BR		
87495		Cytomeg, dna, dir probe.		BR		
87496		Cytomeg, dna, amp probe.		BR		
87497		Cytomeg, dna, quant...		BR		
87510		Gardner vag, dna, dir probe.		BR		
87511		Gardner vag, dna, amp probe.		BR		
87512		Gardner vag, dna, quant.		BR		
87515		Hepatitis b, dna, dir probe.		BR		
87516		Hepatitis b , dna, amp probe.		BR		
87517		Hepatitis b , dna, quant.		BR		
87520		Hepatitis c , rna, dir probe.		BR		
87521		Hepatitis c , rna, amp probe.		BR		
87522		Hepatitis c, rna, quant.		BR		
87525		Hepatitis g , dna, dir probe.		BR		
87526		Hepatitis g, dna, amp probe.		BR		
87527		Hepatitis g, dna, quant.		BR		
87528		Hsv, dna, dir probe...		BR		
87529		Hsv, dna, amp probe...		BR		
87530		Hsv, dna, quant.....		BR		
87531		Hhv-6, dna, dir probe.		BR		
87532		Hhv-6, dna, amp probe.		BR		
87533		Hhv-6, dna, quant.....		BR		
87534		Hiv-1, dna, dir probe.		BR		
87535		Hiv-1, dna, amp probe.		BR		
87536		Hiv-1, dna, quant.....		BR		
87537		Hiv-2, dna, dir probe.		BR		
87538		Hiv-2, dna, amp probe.		BR		
87539		Hiv-2, dna, quant.....		BR		
87540		Legion pneumo, dna, dir prob.		BR		
87541		Legion pneumo, dna, amp prob.		BR		
87542		Legion pneumo, dna, quant.		BR		
87550		Mycobacteria, dna, dir probe.		BR		
87551		Mycobacteria, dna, amp probe.		BR		
87552		Mycobacteria, dna, quant.		BR		
87555		M.tuberculo, dna, dir probe.		BR		
87556		M.tuberculo, dna, amp probe.		BR		
87557		M.tuberculo, dna, quant.		BR		
87560		M.avium-intra, dna, dir prob.		BR		
87561		M.avium-intra, dna, amp prob.		BR		
87562		M.avium-intra, dna, quant.		BR		
87580		M.pneumon, dna, dir probe.		BR		
87581		M.pneumon, dna, amp probe.		BR		
87582		M.pneumon, dna, quant.		BR		
87590		N.gonorrhoeae, dna, dir prob.		BR		
87591		N.gonorrhoeae, dna, amp prob.		BR		
87592		N.gonorrhoeae, dna, quant.		BR		
87620		Hpv, dna, dir probe...		BR		
87621		Hpv, dna, amp probe...		BR		
87622		Hpv, dna, quant.....		BR		
87650		Strep a, dna, dir probe.		BR		
87651		Strep a, dna, amp probe.		BR		
87652		Strep a, dna, quant...		BR		
87660		Trichomonas vagin, dir probe		BR	BR	*
87797		Detect agent nos, dna, dir.		BR		*
87798		Detect agent nos, dna, amp.		BR		*
87799		Detect agent nos, dna, quant.		BR		*
87800		Detect agent mult, dna, direct		BR	BR	*
87801		Detect agent mult, dna, ampli		BR	BR	*
87802		Strep b assay w/optic		BR	BR	*
87803		Clostridium toxin a w/optic		BR	BR	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
87804		Influenza assay w/optic		BR	BR	*
87807		RSV assay w/optic		BR	BR	*
87810		Chylmd trach assay w/ optic.		BR		
87850		N. gonorrhoeae assay w optic.		BR		
87880		Strep a assay w/optic.		BR		
87899		Agent nos assay w/ optic.		BR		
87901		Genotype, dna, hiv reverse t		BR	BR	*
87902		Genotype, dna, hepatitis c		BR	BR	*
87903		Phenotype, dna hiv w/culture		BR	BR	*
87904		Phenotype, dna hiv w/cult add		BR	BR	*
87999		Microbiology procedure		BR		
87999	26	Microbiology procedure		BR		
87999	TC	Microbiology procedure		BR		
88000		Autopsy (necropsy), gr		$815		
88000	26	Autopsy (necropsy), gr		$815		
88000	TC	Autopsy (necropsy), gr		$0		
88005		Autopsy (necropsy), gr		$917		
88005	26	Autopsy (necropsy), gr		$917		
88005	TC	Autopsy (necropsy), gr		$0		
88007		Autopsy (necropsy), gr		$1,019		
88007	26	Autopsy (necropsy), gr		$1,019		
88007	TC	Autopsy (necropsy), gr		$0		
88012		Autopsy (necropsy), gr		$856		
88012	26	Autopsy (necropsy), gr		$856		
88012	TC	Autopsy (necropsy), gr		$0		
88014		Autopsy (necropsy), gr		$856		
88014	26	Autopsy (necropsy), gr		$856		
88014	TC	Autopsy (necropsy), gr		$0		
88016		Autopsy (necropsy), gr		$815		
88016	26	Autopsy (necropsy), gr		$815		
88016	TC	Autopsy (necropsy), gr		$0		
88020		Autopsy (necropsy), co		$1,019		
88020	26	Autopsy (necropsy), co		$1,019		
88020	TC	Autopsy (necropsy), co		$0		
88025		Autopsy (necropsy), co		$1,120		
88025	26	Autopsy (necropsy), co		$1,120		
88025	TC	Autopsy (necropsy), co		$0		
88027		Autopsy (necropsy), co		$1,222		
88027	26	Autopsy (necropsy), co		$1,222		
88027	TC	Autopsy (necropsy), co		$0		
88028		Autopsy (necropsy), co		$1,059		
88028	26	Autopsy (necropsy), co		$1,059		
88028	TC	Autopsy (necropsy), co		$0		
88029		Autopsy (necropsy), co		$1,059		
88029	26	Autopsy (necropsy), co		$1,059		
88029	TC	Autopsy (necropsy), co		$0		
88036		Limited autopsy		$876		
88036	26	Limited autopsy		$876		
88036	TC	Limited autopsy		$0		
88037		Limited autopsy		$713		
88037	26	Limited autopsy		$713		
88037	TC	Limited autopsy		$0		
88040		Forensic autopsy (necr		$2,648		
88040	26	Forensic autopsy (necr		$2,648		
88040	TC	Forensic autopsy (necr		$0		
88045		Coroner?s autopsy (nec		BR		
88045	26	Coroner?s autopsy (nec		BR		
88045	TC	Coroner?s autopsy (nec		BR		
88099		Necropsy (autopsy) pro		BR		
88099	26	Necropsy (autopsy) pro		BR		
88099	TC	Necropsy (autopsy) pro		BR		
88104		Cytopathology, fluids		$73		
88104	26	Cytopathology, fluids		$57		
88104	TC	Cytopathology, fluids		$16		
88106		Cytopathology, fluids		$102		
88106	26	Cytopathology, fluids		$31		
88106	TC	Cytopathology, fluids		$71		
88107		Cytopathology, fluids		$137		
88107	26	Cytopathology, fluids		$108		

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88107	TC	Cytopathology, fluids		$29		
88108		Cytopath, concentrate tech.		$77		
88108	26	Cytopath, concentrate tech.		$59		
88108	TC	Cytopath, concentrate tech.		$19		
88112		Cytopath, cell enhance tech		$226	$226	*
88112	26	Cytopath, cell enhance tech		$121	$121	*
88112	TC	Cytopath, cell enhance tech		$105	$105	*
88125		Forensic cytopathology		$129		
88125	26	Forensic cytopathology		$39		
88125	TC	Forensic cytopathology		$90		
88130		Sex chromatin identifi		$49		
88130	26	Sex chromatin identifi		$14		
88130	TC	Sex chromatin identifi		$35		
88140		Sex chromatin identifi		$34		
88140	26	Sex chromatin identifi		$10		
88140	TC	Sex chromatin identifi		$24		
88141		Cytopath, c/v, interpret.		$70		
88142		Cytopath, c/v, thin layer.		BR		
88143		Cytopath c/v thin layer redo.		BR		
88147		Cytopath, c/v, automated.		BR		
88148		Cytopath, c/v, auto rescreen.		BR		
88150		Cytopath, c/v, manual.		$23		
88150	26	Cytopath, c/v, manual.		$8		
88150	TC	Cytopath, c/v, manual.		$15		
88152		Cytopath, c/v, auto redo.		BR		
88153		Cytopath, c/v, redo...		BR		
88154		Cytopath, c/v, select.		BR		
88155		Cytopath, c/v, index add-on.		$25		
88155	26	Cytopath, c/v, index add-on.		$7		
88155	TC	Cytopath, c/v, index add-on.		$18		
88160		Cytopath smear, other		$73		
88160	26	Cytopath smear, other		$22		
88160	TC	Cytopath smear, other		$51		
88161		Cytopath smear, other		$102		
88161	26	Cytopath smear, other		$31		
88161	TC	Cytopath smear, other		$71		
88162		Cytopath smear, other		$143		
88162	26	Cytopath smear, other		$43		
88162	TC	Cytopath smear, other		$100		
88164		Cytopath tbs, c/v, manual.		BR		
88165		Cytopath tbs, c/v, redo.		BR		
88166		Cytopath tbs, c/v, auto redo.		BR		
88167		Cytopath tbs, c/v, select.		BR		
88172		Cytopathology eval of fna		$97	$97	*
88172	26	Cytopathology eval of fna		$62	$62	*
88172	TC	Cytopathology eval of fna		$35	$35	*
88173		Interpretation of smea		$128		
88173	26	Interpretation of smea		$128		
88173	TC	Interpretation of smea		$0		
88174		Cytopath, c/v auto, in fluid		BR	BR	*
88175		Cytopath c/v auto fluid redo		BR	BR	*
88182		Cell marker study		$163		
88182	26	Cell marker study		$61		
88182	TC	Cell marker study		$102		
88184		Flowcytometry/ tc, 1 marker		$95	$95	*
88185		Flowcytometry/tc, add-on	ZZZ	$47	$47	*
88187		Flowcytometry/read, 2-8		$129	$129	*
88188		Flowcytometry/read, 9-15		$161	$161	*
88189		Flowcytometry/read, 16 & >		$212	$212	*
88199		Cytopathology procedur		BR		
88199	26	Cytopathology procedur		BR		
88199	TC	Cytopathology procedur		BR		
88230		Tissue culture, lymphocyte.		$482		
88230	26	Tissue culture, lymphocyte.		$143		
88230	TC	Tissue culture, lymphocyte.		$339		
88233		Tissue culture, skin/b		$448		
88233	26	Tissue culture, skin/b		$134		
88233	TC	Tissue culture, skin/b		$314		
88235		Tissue culture, placen		$469		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
88235	26	Tissue culture, placen		$141		
88235	TC	Tissue culture, placen		$328		
88237		Tissue culture, bone marrow.		$526		
88237	26	Tissue culture, bone marrow.		$158		
88237	TC	Tissue culture, bone marrow.		$368		
88239		Tissue culture, tumor.		$613		
88239	26	Tissue culture, tumor.		$184		
88239	TC	Tissue culture, tumor.		$429		
88240		Cell cryopreserve/ storage.		BR		
88241		Frozen cell preparation.		BR		
88245		Chromosome analysis, 20-25.		$617		
88245	26	Chromosome analysis, 20-25.		$184		
88245	TC	Chromosome analysis, 20-25.		$433		
88248		Chromosome analysis, 50-100.		$721		
88248	26	Chromosome analysis, 50-100.		$217		
88248	TC	Chromosome analysis, 50-100.		$504		
88249		Chromosome analysis, 100.		BR		
88261		Chromosome analysis, 5		$736		
88261	26	Chromosome analysis, 5		$221		
88261	TC	Chromosome analysis, 5		$515		
88262		Chromosome analysis, 1		$580		
88262	26	Chromosome analysis, 1		$175		
88262	TC	Chromosome analysis, 1		$405		
88263		Chromosome analysis, 4		$489		
88263	26	Chromosome analysis, 4		$147		
88263	TC	Chromosome analysis, 4		$342		
88264		Chromosome analysis, 20-25.		BR		
88267		Chromosome analysis:pl		$890		
88267	26	Chromosome analysis:pl		$267		
88267	TC	Chromosome analysis:pl		$623		
88269		Chromosome analysis:am		$489		
88269	26	Chromosome analysis:am		$163		
88269	TC	Chromosome analysis:am		$326		
88271		Cytogenetics, dna probe.		BR		
88272		Cytogenetics, 3-5.....		BR		
88273		Cytogenetics, 10-30...		BR		
88274		Cytogenetics, 25-99...		BR		
88275		Cytogenetics, 100-300.		BR		
88280		Chromosome karyotype s		$114		
88280	26	Chromosome karyotype s		$35		
88280	TC	Chromosome karyotype s		$79		
88283		Chromosome banding stu		$224		
88283	26	Chromosome banding stu		$67		
88283	TC	Chromosome banding stu		$157		
88285		Chromosome count: addi		$61		
88285	26	Chromosome count: addi		$18		
88285	TC	Chromosome count: addi		$43		
88289		Chromosome study: addi		$114		
88289	26	Chromosome study: addi		$35		
88289	TC	Chromosome study: addi		$79		
88291		Cyto/molecular report.		$52		
88299		Cytogenetic study		BR		
88299	26	Cytogenetic study		BR		
88299	TC	Cytogenetic study		BR		
88300		Surg path, gross		$47		
88300	26	Surg path, gross		$37		
88300	TC	Surg path, gross		$10		
88302		Tissue exam by patholo		$99		
88302	26	Tissue exam by patholo		$79		
88302	TC	Tissue exam by patholo		$20		
88304		Tissue exam by pathologist		$111	$111	*
88304	26	Tissue exam by pathologist		$23	$23	*
88304	TC	Tissue exam by pathologist		$89	$89	*
88305		Tissue exam by pathologist		$194	$194	*
88305	26	Tissue exam by pathologist		$79	$79	*
88305	TC	Tissue exam by pathologist		$115	$115	*
88307		Tissue exam by pathologist		$345	$345	*
88307	26	Tissue exam by pathologist		$165	$165	*
88307	TC	Tissue exam by pathologist		$179	$179	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
88309		Tissue exam by patholo		$591		
88309	26	Tissue exam by patholo		$473		
88309	TC	Tissue exam by patholo		$118		
88311		Decalcify tissue		$45		
88311	26	Decalcify tissue		$37		
88311	TC	Decalcify tissue		$8		
88312		Special stains		$148	$148	*
88312	26	Special stains		$56	$56	*
88312	TC	Special stains		$92	$92	*
88313		Special stains		$45		
88313	26	Special stains		$14		
88313	TC	Special stains		$31		
88314		Histochemical stain		$41		
88314	26	Histochemical stain		$12		
88314	TC	Histochemical stain		$29		
88318		Chemical histochemistr		$61		
88318	26	Chemical histochemistr		$26		
88318	TC	Chemical histochemistr		$35		
88319		Enzyme histochemistry		$50		
88319	26	Enzyme histochemistry		$24		
88319	TC	Enzyme histochemistry		$26		
88321		Microslide consultatio		$81		
88323		Microslide consultatio		$143		
88323	26	Microslide consultatio		$143		
88323	TC	Microslide consultatio		$0		
88325		Comprehensive review o		$102		
88325	26	Comprehensive review o		$102		
88325	TC	Comprehensive review o		$0		
88329		Pathology consult in s		$96		
88329	26	Pathology consult in s		$96		
88329	TC	Pathology consult in s		$0		
88331		Path consult intraop, 1 bloc		$168	$168	*
88331	26	Path consult intraop, 1 bloc		$123	$123	*
88331	TC	Path consult intraop, 1 bloc		$45	$45	*
88332		Pathology consult in s		$100		
88332	26	Pathology consult in s		$67		
88332	TC	Pathology consult in s		$33		
88342		Immunohistochemistry		$167	$167	*
88342	26	Immunohistochemistry		$88	$88	*
88342	TC	Immunohistochemistry		$79	$79	*
88346		Immunofluorescent stud		$204		
88346	26	Immunofluorescent stud		$143		
88346	TC	Immunofluorescent stud		$61		
88347		Immunofluorescent stud		$244		
88347	26	Immunofluorescent stud		$183		
88347	TC	Immunofluorescent stud		$61		
88348		Electron microscopy		$351		
88348	26	Electron microscopy		$267		
88348	TC	Electron microscopy		$84		
88349		Scanning electron micr		$351		
88349	26	Scanning electron micr		$267		
88349	TC	Scanning electron micr		$84		
88355		Analysis, skeletal mus		$200		
88355	26	Analysis, skeletal mus		$149		
88355	TC	Analysis, skeletal mus		$51		
88356		Analysis, nerve		$200		
88356	26	Analysis, nerve		$149		
88356	TC	Analysis, nerve		$51		
88358		Analysis, tumor		$140	$140	*
88358	26	Analysis, tumor		$103	$103	*
88358	TC	Analysis, tumor		$36	$36	*
88360		Tumor immunohistochem/manual		$206	$206	*
88360	26	Tumor immunohistochem/manual		$116	$116	*
88360	TC	Tumor immunohistochem/manual		$91	$91	*
88361		Tumor immunohistochem/comput		$310	$310	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
88362		Nerve teasing preparat		BR		
88362	26	Nerve teasing preparat		BR		
88362	TC	Nerve teasing preparat		BR		
88365		Insitu hybridization (fish)		$240	$240	*
88365	26	Insitu hybridization (fish)		$123	$123	*
88365	TC	Insitu hybridization (fish)		$116	$116	*
88367		Insitu hybridization, auto		$392	$392	*
88367	26	Insitu hybridization, auto		$135	$135	*
88367	TC	Insitu hybridization, auto		$257	$257	*
88368		Insitu hybridization, manual		$356	$356	*
88368	26	Insitu hybridization, manual		$146	$146	*
88368	TC	Insitu hybridization, manual		$210	$210	*
88371		Protein, western blot		BR		
88371	26	Protein, western blot		BR		
88371	TC	Protein, western blot		BR		
88372		Protein analysis w/pro		BR		
88372	26	Protein analysis w/pro		BR		
88372	TC	Protein analysis w/pro		BR		
88380		Microdissection		BR	BR	*
88380	26	Microdissection		BR	BR	*
88380	TC	Microdissection		BR	BR	*
88399		Surgical pathology pro		BR		
88399	26	Surgical pathology pro		BR		
88399	TC	Surgical pathology pro		BR		
88400		Bilirubin total transcut		BR	BR	*
89050		Body fluid cell count		$18		*
89050	26	Body fluid cell count		$6		*
89050	TC	Body fluid cell count		$12		*
89051		Body fluid cell count		$24		
89051	26	Body fluid cell count		$8		
89051	TC	Body fluid cell count		$16		
89055		Leukocyte assessment, fecal		BR	BR	*
89060		Exam,synovial fluid cr		$24		
89060	26	Exam,synovial fluid cr		$8		
89060	TC	Exam,synovial fluid cr		$16		
89100		Sample intestinal cont		$96		
89100	26	Sample intestinal cont		$29		
89100	TC	Sample intestinal cont		$67		
89105		Sample intestinal cont		$121		
89105	26	Sample intestinal cont		$37		
89105	TC	Sample intestinal cont		$84		
89125		Specimen fat stain		$26		*
89125	26	Specimen fat stain		$8		*
89125	TC	Specimen fat stain		$18		*
89130		Sample stomach content		$83		
89130	26	Sample stomach content		$24		
89130	TC	Sample stomach content		$59		
89132		Sample stomach content		$38		
89132	26	Sample stomach content		$12		
89132	TC	Sample stomach content		$26		
89135		Sample stomach content		$69		
89135	26	Sample stomach content		$20		
89135	TC	Sample stomach content		$49		
89136		Sample stomach content		$81		
89136	26	Sample stomach content		$26		
89136	TC	Sample stomach content		$55		
89140		Sample stomach content		$94		
89140	26	Sample stomach content		$31		
89140	TC	Sample stomach content		$63		
89141		Sample stomach content		$106		
89141	26	Sample stomach content		$37		
89141	TC	Sample stomach content		$69		
89160		Exam feces for meat fi		$12		
89160	26	Exam feces for meat fi		$4		
89160	TC	Exam feces for meat fi		$8		
89190		Nasal smear for eosino		$18		
89190	26	Nasal smear for eosino		$6		
89190	TC	Nasal smear for eosino		$12		
89220		Sputum specimen collection		$29	$29	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
89225		Starch granules, feces		BR	BR	*
89230		Collect sweat for test		$9	$9	*
89235		Water load test		BR	BR	*
89240		Pathology lab procedure		BR	BR	*
89250		Fertilization of oocyte.		BR		*
89251		Culture oocyte w/ embryos.		BR		*
89253		Embryo hatching.....		BR		
89254		Oocyte identification.		BR		
89255		Prepare embryo for transfer.		BR		
89257		Sperm identification..		BR		
89258		Cryopreservation, embryo.		BR		*
89259		Cryopreservation, sperm.		BR		
89261		Sperm isolation, complex.		BR		
89264		Identify sperm tissue.		BR		
89268		Inseminate oocytes		BR	BR	*
89272		Extended culture of oocytes		BR	BR	*
89280		Assist oocyte fertilization		BR	BR	*
89281		Assist oocyte fertilization		BR	BR	*
89290		Biopsy, oocyte polar body		BR	BR	*
89291		Biopsy, oocyte polar body		BR	BR	*
89300		Semen analysis.....		$1,275		
89300	26	Semen analysis.....		$13		
89300	TC	Semen analysis.....		$26		
89310		Semen analysis		$36		*
89310	26	Semen analysis		$10		*
89310	TC	Semen analysis		$26		*
89320		Semen analysis		$43		
89320	26	Semen analysis		$12		
89320	TC	Semen analysis		$31		
89321		Semen analysis & motility		BR	BR	*
89325		Sperm antibody test		$36		
89325	26	Sperm antibody test		$10		
89325	TC	Sperm antibody test		$26		
89329		Sperm evaluation test		$128		
89329	26	Sperm evaluation test		$47		
89329	TC	Sperm evaluation test		$81		
89330		Evaluation, cervical m		$36		
89330	26	Evaluation, cervical m		$10		
89330	TC	Evaluation, cervical m		$26		
89335		Cryopreserve testicular tiss		BR	BR	*
89342		Storage/year; embryo(s)		BR	BR	*
89343		Storage/year; sperm/semen		BR	BR	*
89344		Storage/year; reprod tissue		BR	BR	*
89346		Storage/year; oocyte(s)		BR	BR	*
89352		Thawing cryopresrved; embryo		BR	BR	*
89353		Thawing cryopresrved; sperm		BR	BR	*
89354		Thaw cryoprsvrd; reprod tiss		BR	BR	*
89356		Thawing cryopresrved; oocyte		BR	BR	*
90281		Human ig, im.....		BR		
90283		Human ig, iv.....		BR		
90287		Botulinum antitoxin...		BR		
90288		Botulism ig, iv.....		BR		
90291		Cmv ig, iv.....		BR		
90296		Diphtheria antitoxin..		BR		
90371		Hep b ig, im.....		BR		
90375		Rabies ig, im/sc.....		BR		
90376		Rabies ig, heat treated.		BR		
90378		Rsv ig, im, 50mg		BR	BR	*
90379		Rsv ig, iv.....		BR		
90384		Rh ig, full-dose, im..		BR		
90385		Rh ig, minidose, im...		BR		
90386		Rh ig, iv.....		BR		
90389		Tetanus ig, im.....		BR		
90393		Vaccina ig, im.....		BR		
90396		Varicella-zoster ig, im.		BR		
90399		Immune globulin.....		BR		
90465		Immune admin 1 inj, < 8 yrs		$35	$35	*
90466		Immune admin addl inj, < 8 y	ZZZ	$21	$21	*
90467		Immune admin o or n, < 8 yrs		BR	BR	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
90468		Immune admin o/n, addl < 8 y	ZZZ	BR	BR	*
90471		Immunization admin		$35	$35	*
90472		Immunization admin, each add.		BR		
90473		Immune admin oral/nasal		BR	BR	*
90474		Immune admin oral/nasal addl	ZZZ	BR	BR	*
90476		Adenovirus vaccine, type 4.		BR		
90477		Adenovirus vaccine, type 7.		BR		
90581		Anthrax vaccine, sc...		BR		
90585		Bcg vaccine, percut...		BR		
90586		Bcg vaccine, intravesical.		BR		
90632		Hep a vaccine, adult im.		BR		
90633		Hep a vacc, ped/adol, 2 dose.		BR		
90634		Hep a vacc, ped/adol, 3 dose.		BR		
90636		Hep a/hep b vacc, adult im.		BR		
90645		Hib vaccine, hboc, im.		BR		
90646		Hib vaccine, prp-d, im		BR		
90647		Hib vaccine, prp-omp, im.		BR		
90648		Hib vaccine, prp-t, im		BR		
90655		Flu vaccine no preserv 6-35m		BR	BR	*
90656		Flu vaccine no preserv 3 & >		BR	BR	*
90657		Flu vaccine, 3 yrs, im		BR	BR	*
90658		Flu vaccine, 3 yrs & >, im		BR	BR	*
90660		Flu vaccine, nasal....		BR		
90665		Lyme disease vaccine, im.		BR		
90669		Pneumococcal vacc, ped <5		BR	BR	*
90675		Rabies vaccine, im....		BR		
90676		Rabies vaccine, id....		BR		
90680		Rotovirus vaccine, oral.		BR		
90690		Typhoid vaccine, oral.		BR		
90691		Typhoid vaccine, im...		BR		
90692		Typhoid vaccine, h-p, sc/id.		BR		
90693		Typhoid vaccine, akd, sc		BR	BR	*
90698		Dtap-hib-ip vaccine, im		BR	BR	*
90700		Dtap vaccine, < 7 yrs, im		BR	BR	*
90701		Dtp vaccine, im.....		BR		
90702		Dt vaccine < 7, im		BR	BR	*
90703		Tetanus vaccine, im		BR	BR	*
90704		Mumps vaccine, sc		BR	BR	*
90705		Measles vaccine, sc		BR	BR	*
90706		Rubella vaccine, sc		BR	BR	*
90707		Mmr vaccine, sc		BR	BR	*
90708		Measles-rubella vaccine, sc		BR	BR	*
90710		Mmrv vaccine, sc.....		BR		
90712		Oral poliovirus vaccine.		BR		
90713		Poliovirus, ipv, sc...		BR		
90715		Tdap vaccine >7 im		BR	BR	*
90716		Chicken pox vaccine, sc.		BR		
90717		Yellow fever vaccine, sc.		BR		
90718		Td vaccine > 7, im		BR	BR	*
90719		Diphtheria vaccine, im		BR		
90720		Dtp/hib vaccine, im...		BR		
90721		Dtap/hib vaccine, im..		BR		
90723		Dtap-hep b-ipv vaccine, im		BR	BR	*
90725		Cholera vaccine, injectable.		BR		
90727		Plague vaccine, im		BR	BR	*
90732		Pneumococcal vaccine		BR	BR	*
90733		Meningococcal vaccine, sc		BR	BR	*
90734		Meningococcal vaccine, im		BR	BR	*
90735		Encephalitis vaccine, sc.		BR		
90740		Hepb vacc, ill pat 3 dose im		BR	BR	*
90743		Hep b vacc, adol, 2 dose, im		BR	BR	*
90744		Hepb vacc ped/adol 3 dose im		BR	BR	*
90746		Hep b vaccine, adult, im.		BR		
90747		Hepb vacc, ill pat 4 dose im		BR	BR	*
90748		Hep b/hib vaccine, im.		BR		
90749		Vaccine toxoid.....		BR		
90780		IV infusion therapy, 1 hour		$169	$169	*
90781		IV infusion, additional hour.		$42		
90782		Injection, sc/im.....		$8		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
90783		Injection (ia)		$30		
90784		Injection (iv)		$35		
90788		Injection of antibiotic		$9		
90799		Ther/prophylactic/dx inject.		BR		
90801		Psy dx interview.....		$257		
90802		Intac psy dx interview		$255		
90804		Psytx, office, 20-30 min.		$116		
90805		Psytx, off, 20-30 min w/e&m.		$127		
90806		Psytx, off, 45-50 min.		$178		
90807		Psytx, off, 45-50 min w/e&m.		$189		
90808		Psytx, office, 75-80 min.		$283		
90809		Psytx, off, 75-80, w/ e&m.		$292		
90810		Intac psytx, off, 20- 30 min.		$140		
90811		Intac psytx, 20-30, w/ e&m.		$152		
90812		Intac psytx, off, 45- 50 min.		$191		
90813		Intac psytx, 45-50 min w/e&m.		$201		
90814		Intac psytx, off, 75- 80 min.		$262		
90815		Intac psytx, 75-80 w/ e&m.		$272		
90816		Psytx, hosp, 20-30 min		$120		
90817		Psytx, hosp, 20-30 min w/e&m.		$131		
90818		Psytx, hosp, 45-50 min		$181		
90819		Psytx, hosp, 45-50 min w/e&m.		$192		
90821		Psytx, hosp, 75-80 min		$286		
90822		Psytx, hosp, 75-80 min w/e&m.		$296		
90823		Intac psytx, hosp, 20- 30 min.		$145		
90824		Intac psytx, hsp 20-30 w/e&m.		$155		
90826		Intac psytx, hosp, 45- 50 min.		$194		
90827		Intac psytx, hsp 45-50 w/e&m.		$204		
90828		Intac psytx, hosp, 75- 80 min.		$267		
90829		Intac psytx, hsp 75-80 w/e&m.		$274		
90845		Psychoanalysis.....		$162		
90846		Family psytx w/o patient.		$180		
90847		Family psytx w/patient		$206		
90849		Multiple family group psytx.		$63		
90853		Group psychotherapy...		$63		
90857		Intac group psytx.....		$59		
90862		Medication management		$97		
90865		Narcosynthesis.....		$307		
90870		Electroconvulsive therapy	0	$178		
90871		Electroconvulsive therapy	0	$261		
90875		Psychophysiological therapy.		$135		
90876		Psychophysiological therapy.		$204		
90880		Hypnotherapy.....		$208		
90882		Environmental manipulation		BR		
90885		Psy evaluation of records.		$94		
90887		Consultation with family		$131		
90889		Preparation of report		BR		
90899		Psychiatric service/therapy		BR		
90901		Biofeedback train, any meth.	0	$98		
90911		Biofeedback peri/uro/ rectal.	0	$153		
90918		Esrd related services, month		BR		
90919		ESRD related services, month.		$794		
90920		ESRD related services, month.		$695		
90921		Esrd related services, month		BR		
90922		ESRD related services, day.		$33		
90923		Esrd related services, day.		$27		
90924		Esrd related services, day.		$24		
90925		Esrd related services, day.		$17		
90935		Hemodialysis, one evaluation	0	$193		
90937		Hemodialysis, repeated eval	0	$348		
90939		Hemodialysis study, transcut		BR	BR	*
90940		Hemodialysis access study		BR	BR	*
90945		Dialysis, one evaluation	0	$142	$142	*
90947		Dialysis, repeated eval	0	$228	$228	*
90989		Dialysis training/complete		BR		
90993		Dialysis training/incomplete		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
90997		Hemoperfusion	0	$308		
90999		Dialysis procedure		BR		
91000		Esophageal intubation	0	$122		
91000	26	Esophageal intubation	0	$116		
91000	TC	Esophageal intubation	0	$6		
91010		Esophagus motility study.	0	$241		
91010	26	Esophagus motility study.	0	$179		
91010	TC	Esophagus motility study.	0	$62		
91011		Esophagus motility study	0	$341		
91011	26	Esophagus motility study	0	$267		
91011	TC	Esophagus motility study	0	$75		
91012		Esophagus motility study	0	$373		
91012	26	Esophagus motility study	0	$290		
91012	TC	Esophagus motility study	0	$84		
91020		Gastric motility.....	0	$262		
91020	26	Gastric motility.....	0	$204		
91020	TC	Gastric motility.....	0	$58		
91030		Acid perfusion of esophagus	0	$128		
91030	26	Acid perfusion of esophagus	0	$112		
91030	TC	Acid perfusion of esophagus	0	$17		
91034		Gastroesophageal reflux test		$449	$449	*
91034	26	Gastroesophageal reflux test		$97	$97	*
91034	TC	Gastroesophageal reflux test		$352	$352	*
91035		G-esoph reflx tst w/electrod		$887	$887	*
91035	26	G-esoph reflx tst w/electrod		$157	$157	*
91035	TC	G-esoph reflx tst w/electrod		$730	$730	*
91037		Esoph imped function test		$285	$285	*
91037	26	Esoph imped function test		$97	$97	*
91037	TC	Esoph imped function test		$188	$188	*
91038		Esoph imped funct test > 1h		$244	$244	*
91038	26	Esoph imped funct test > 1h		$110	$110	*
91038	TC	Esoph imped funct test > 1h		$134	$134	*
91040		Esoph balloon distension tst		$866	$866	*
91040	26	Esoph balloon distension tst		$97	$97	*
91040	TC	Esoph balloon distension tst		$769	$769	*
91052		Gastric analysis test	0	$185		
91052	26	Gastric analysis test	0	$160		
91052	TC	Gastric analysis test	0	$25		
91055		Gastric intubation for smear	0	$152		
91055	26	Gastric intubation for smear	0	$130		
91055	TC	Gastric intubation for smear	0	$22		
91060		Gastric saline load test	0	$87		
91060	26	Gastric saline load test	0	$71		
91060	TC	Gastric saline load test	0	$17		
91065		Breath hydrogen test	0	$120	$120	*
91065	26	Breath hydrogen test	0	$20	$20	*
91065	TC	Breath hydrogen test	0	$100	$100	*
91100		Pass intestine bleeding tube	0	$120		
91105		Gastric intubation treatment	0	$65		
91110		Gi tract capsule endoscopy		$1,842	$1,842	*
91110	26	Gi tract capsule endoscopy		$355	$355	*
91110	TC	Gi tract capsule endoscopy		$1,487	$1,487	*
91120		Rectal sensation test		$855	$855	*
91120	26	Rectal sensation test		$98	$98	*
91120	TC	Rectal sensation test		$757	$757	*
91122		Anal pressure record	0	$264		
91122	26	Anal pressure record	0	$210		
91122	TC	Anal pressure record	0	$54		
91123		Irrigate fecal impaction		BR	BR	*
91132		Electrogastrography		BR	BR	*
91132	26	Electrogastrography		$52	$52	*
91132	TC	Electrogastrography		BR	BR	*
91133		Electrogastrography w/test		BR	BR	*
91133	26	Electrogastrography w/test		$65	$65	*
91133	TC	Electrogastrography w/test		BR	BR	*
91299		Gastroenterology procedure		BR		
91299	26	Gastroenterology procedure		BR		
91299	TC	Gastroenterology procedure		BR		
92002		Eye exam, new patient		$108		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
92004		Eye exam, new patient		$157		
92012		Eye exam established pt		$91		
92014		Eye exam & treatment		$115		
92015		Refraction		BR		
92018		New eye exam & treatment		$143		
92019		Eye exam & treatment		$129		
92020		Special eye evaluation		$52		
92060		Special eye evaluation		$81		
92060	26	Special eye evaluation		$66		
92060	TC	Special eye evaluation		$14		
92065		Orthoptic/pleoptic training		$52		
92065	26	Orthoptic/pleoptic training		$41		
92065	TC	Orthoptic/pleoptic training		$12		
92070		Fitting of contact lens		$139		
92081		Visual field examination(s).		$49		
92081	26	Visual field examination(s).		$38		
92081	TC	Visual field examination(s).		$11		
92082		Visual field examination(s)		$67		
92082	26	Visual field examination(s)		$53		
92082	TC	Visual field examination(s)		$14		
92083		Visual field examination(s)		$98		
92083	26	Visual field examination(s)		$77		
92083	TC	Visual field examination(s)		$21		
92100		Serial tonometry exam(s).		$91		
92120		Tonography & eye evaluation.		$88		
92130		Water provocation tonography		$94		
92135		Opthalmic dx imaging..		$60		
92135	26	Opthalmic dx imaging..		$38		
92135	TC	Opthalmic dx imaging..		$22		
92136		Ophthalmic biometry		$161	$161	*
92136	26	Ophthalmic biometry		$56	$56	*
92136	TC	Ophthalmic biometry		$105	$105	*
92140		Glaucoma provocative tests.		$67		
92225		Special eye exam, initial.		$73		
92226		Special eye exam, subsequent		$66		
92230		Eye exam with photos..		$119		
92235		Eye exam with photos..		$175		
92235	26	Eye exam with photos..		$98		
92235	TC	Eye exam with photos..		$77		
92240		Icg angiography.....		$199		
92240	26	Icg angiography.....		$121		
92240	TC	Icg angiography.....		$77		
92250		Eye exam with photos..		$63		
92250	26	Eye exam with photos..		$49		
92250	TC	Eye exam with photos..		$13		
92260		Ophthalmoscopy/dynamometry		$77		
92265		Eye muscle evaluation.		$83		
92265	26	Eye muscle evaluation.		$65		
92265	TC	Eye muscle evaluation.		$18		
92270		Electro-oculography...		$109		
92270	26	Electro-oculography...		$84		
92270	TC	Electro-oculography...		$24		
92275		Electroretinography...		$138		
92275	26	Electroretinography...		$108		
92275	TC	Electroretinography...		$30		
92283		Color vision examination		$40		
92283	26	Color vision examination		$31		
92283	TC	Color vision examination		$9		
92284		Dark adaptation eye exam.		$47		
92284	26	Dark adaptation eye exam.		$34		
92284	TC	Dark adaptation eye exam.		$13		
92285		Eye photography.....		$35		
92285	26	Eye photography.....		$26		
92285	TC	Eye photography.....		$8		
92286		Internal eye photography.		$131		
92286	26	Internal eye photography.		$101		
92286	TC	Internal eye photography.		$30		
92287		Internal eye photography		$171		
92310		Contact lens fitting		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
92311		Contact lens fitting		$143		
92312		Contact lens fitting		$173		
92313		Contact lens fitting		$130		
92314		Prescription of contact lens		BR		
92315		Prescription of contact lens		$82		
92316		Prescription of contact lens		$119		
92317		Prescription of contact lens		$61		
92325		Modification of contact lens		$28		
92326		Replacement of contact lens		$115		
92330		Fitting of artificial eye		$163		
92335		Fitting of artificial eye		$180		
92340		Fitting of spectacles		BR		
92341		Fitting of spectacles		BR		
92342		Fitting of spectacles		BR		
92352		Special spectacles fitting		$48		
92353		Special spectacles fitting		$65		
92354		Special spectacles fitting		$605		
92355		Special spectacles fitting		$294		
92358		Eye prosthesis service		$69		
92370		Repair & adjust spectacles		BR		
92371		Repair & adjust spectacles		$44		
92390		Supply of spectacles		BR		
92391		Supply of contact lenses		BR		
92392		Supply of low vision aids		BR		
92393		Supply of artificial eye		BR		
92395		Supply of spectacles		BR		
92396		Supply of contact lenses		BR		
92499		Eye service or procedure		BR		
92499	26	Eye service or procedure		BR		
92499	TC	Eye service or procedure		BR		
92502		Ear and throat examination	0	$195		
92504		Ear microscopy examination		$33		
92506		Speech/hearing evaluation.		$109		
92507		Speech/hearing therapy		$72		
92508		Speech/hearing therapy		$41		
92510		Rehab for ear implant.		$216		
92511		Nasopharyngoscopy	0	$126		
92512		Nasal function studies		$77		
92516		Facial nerve function test.		$66		
92520		Laryngeal function studies		$96		
92526		Oral function therapy.		$86		
92531		Spontaneous nystagmus study		BR		
92532		Positional nystagmus test		BR	BR	*
92533		Caloric vestibular test		BR		
92534		Optokinetic nystagmus test		BR	BR	*
92541		Spontaneous nystagmus test		$81		
92541	26	Spontaneous nystagmus test		$64		
92541	TC	Spontaneous nystagmus test		$17		
92542		Positional nystagmus test		$71		
92542	26	Positional nystagmus test		$52		
92542	TC	Positional nystagmus test		$20		
92543		Caloric vestibular test		$91		
92543	26	Caloric vestibular test		$60		
92543	TC	Caloric vestibular test		$31		
92544		Optokinetic nystagmus test		$55		
92544	26	Optokinetic nystagmus test		$40		
92544	TC	Optokinetic nystagmus test		$16		
92545		Oscillating tracking test		$47		
92545	26	Oscillating tracking test		$32		
92545	TC	Oscillating tracking test		$16		
92546		Sinusoidal rotational test.		$60		
92546	26	Sinusoidal rotational test.		$41		
92546	TC	Sinusoidal rotational test.		$19		
92547		Supplemental electrical test.		$44		
92548		Posturography.....		$181		
92548	26	Posturography.....		$68		
92548	TC	Posturography.....		$113		
92551		Pure tone hearing test, air		BR		
92552		Pure tone audiometry, air		$33		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
92553		Audiometry, air & bone		$50		
92555		Speech threshold audiometry.		$29		
92556		Speech audiometry, complete.		$44		
92557		Comprehensive hearing test.		$92		
92559		Group audiometric testing		BR		
92560		Bekesy audiometry, screen		BR		
92561		Bekesy audiometry, diagnosis		$54		
92562		Loudness balance test		$31		
92563		Tone decay hearing test		$28		
92564		Sisi hearing test		$35		
92565		Stenger test, pure tone		$30		
92567		Tympanometry		$40		
92568		Acoustic reflex testing		$28		
92569		Acoustic reflex decay test		$31		
92571		Filtered speech hearing test		$29		
92572		Staggered spondaic word test		$7		
92573		Lombard test		$26		
92575		Sensorineural acuity test		$23		
92576		Synthetic sentence test		$33		
92577		Stenger test, speech		$54		
92579		Visual audiometry (vra).		$55		
92582		Conditioning play audiometry		$54		
92583		Select picture audiometry		$67		
92584		Electrocochleography		$185		
92585		Auditor evoke potent, compre		$194	$194	*
92585	26	Auditor evoke potent, compre		$52	$52	*
92585	TC	Auditor evoke potent, compre		$141	$141	*
92586		Auditor evoke potent, limit		$141	$141	*
92587		Evoked auditory test		$113		
92587	26	Evoked auditory test		$18		
92587	TC	Evoked auditory test		$95		
92588		Evoked auditory test..		$159		
92588	26	Evoked auditory test..		$47		
92588	TC	Evoked auditory test..		$113		
92590		Hearing aid exam, one ear		BR		
92591		Hearing aid exam, both ears		BR		
92592		Hearing aid check, one ear		BR		
92593		Hearing aid check, both ears		BR		
92594		Electro hearing aid test,one		BR		
92595		Electro hearingaid test,both		BR		
92596		Ear protector evaluation		$45		
92597		Oral speech device eval		$183	$95	*
92599	26	Ent procedure/service		BR		
92599	TC	Ent procedure/service		BR		
92601		Cochlear implt f/up exam < 7		$253	$253	*
92602		Reprogram cochlear implt < 7		$174	$174	*
92603		Cochlear implt f/up exam 7 >		$157	$157	*
92604		Reprogram cochlear implt 7 >		$101	$101	*
92605		Eval for nonspeech device rx		BR	BR	*
92606		Non-speech device service		BR	BR	*
92607		Ex for speech device rx, 1hr		$222	$222	*
92608		Ex for speech device rx addl		$43	$43	*
92609		Use of speech device service		$116	$116	*
92610		Evaluate swallowing function		$249	$249	*
92611		Motion fluoroscopy/swallow		$249	$249	*
92612		Endoscopy swallow tst (fees)		$287	$140	*
92613		Endoscopy swallow tst (fees)		$82	$82	*
92614		Laryngoscopic sensory test		$270	$140	*
92615		Eval laryngoscopy sense tst		$73	$73	*
92616		Fees w/laryngeal sense test		$378	$208	*
92617		Interprt fees/laryngeal test		$91	$91	*
92620		Auditory function, 60 min		$85	$85	*
92621		Auditory function, + 15 min	ZZZ	$22	$22	*
92625		Tinnitus assessment		$84	$84	*
92700		Ent procedure/service		BR	BR	*
92950		Heart/lung resuscitation(cpr	0	$442		
92953		Temporary external pacing	0	$137		
92960		Cardioversion electric, ext.	0	$302		
92961		Cardioversion, electric, int.	0	BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
92970		Cardioassist, internal	0	$524		
92971		Cardioassist, external	0	$210		
92973		Percut coronary thrombectomy	ZZZ	$340	$340	*
92974		Cath place, cardio brachytx	ZZZ	$311	$311	*
92975		Dissolve clot, heart vessel	0	$947		
92977		Dissolve clot, heart vessel		$583		
92978		Intravasc us, heart add-on.		$544		
92978	26	Intravasc us, heart add-on.		$203		
92978	TC	Intravasc us, heart add-on.		$341		
92979		Intravasc us, heart add-on.		$334		
92979	26	Intravasc us, heart add-on.		$163		
92979	TC	Intravasc us, heart add-on.		$171		
92980		Insert intracoronary stent	0	$2,273		
92981		Insert intracoronary stent.		$608		
92982		Coronary artery dilation	0	$1,929		
92984		Coronary artery dilation.		$442		
92986		Revision of aortic valve	90	$2,356		
92987		Revision of mitral valve.	90	$1,124		
92990		Revision of pulmonary valve	90	$1,878		
92992		Revision of heart chamber.	90	BR		
92993		Revision of heart chamber	90	BR		
92995		Coronary atherectomy..	0	$1,103		
92996		Coronary atherectomy add-on.		$481		
92997		Pul art balloon repr, percut.	0	$1,067		
92998		Pul art balloon repr, percut.		$700		
93000		Electrocardiogram, complete		$56		
93005		Electrocardiogram, tracing		$33		
93010		Electrocardiogram report		$24		
93012		Transmission of ecg		$439	$439	*
93014		Report on transmitted ecg		$27		
93015		Cardiovascular stress test		$233		
93016		Cardiovascular stress test		$61		
93017		Cardiovascular stress test		$122		
93018		Cardiovascular stress test		$50		
93024		Cardiac drug stress test		$285		
93024	26	Cardiac drug stress test		$203		
93024	TC	Cardiac drug stress test		$82		
93025		Microvolt t-wave assess		$601	$601	*
93025	26	Microvolt t-wave assess		$76	$76	*
93025	TC	Microvolt t-wave assess		$525	$525	*
93040		Rhythm ecg with report		$31		
93041		Rhythm ecg, tracing		$11		
93042		Rhythm ecg, report		$21		
93224		Ecg monitor/report, 24 hrs		$345		
93225		Ecg monitor/record, 24 hrs		$90		
93226		Ecg monitor/report, 24 hrs		$159		
93227		Ecg monitor/review, 24 hrs		$97		
93230		Ecg monitor/report, 24 hrs		$377		
93231		Ecg monitor/record, 24 hrs		$111		
93232		Ecg monitor/report, 24 hrs		$157		
93233		Ecg monitor/review, 24 hrs		$110		
93235		Ecg monitor/report, 24 hrs		$281		
93236		Ecg monitor/report, 24 hrs		$189		
93237		Ecg monitor/review, 24 hrs		$92		
93268		ECG record/review		$584	$584	*
93268	26	ECG record/review		BR		*
93268	TC	ECG record/review		BR		*
93270		ECG recording		$89		
93271		ECG/monitoring and analysis		$173		
93272		ECG/review, interpret only		$68		
93278		Ecg/signal-averaged		$161		
93278	26	Ecg/signal-averaged		$75		
93278	TC	Ecg/signal-averaged		$87		
93303		Echo transthoracic....		$452		
93303	26	Echo transthoracic....		$162		
93303	TC	Echo transthoracic....		$291		
93304		Echo transthoracic....		$245		
93304	26	Echo transthoracic....		$99		
93304	TC	Echo transthoracic....		$146		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
93307		Echo exam of heart....		$423		
93307	26	Echo exam of heart....		$132		
93307	TC	Echo exam of heart....		$291		
93308		Echo exam of heart		$231		
93308	26	Echo exam of heart		$90		
93308	TC	Echo exam of heart		$141		
93312		Echo transesophageal..		$539		
93312	26	Echo transesophageal..		$250		
93312	TC	Echo transesophageal..		$289		
93313		Echo exam of heart		$119		
93314		Echo exam of heart		$397		
93314	26	Echo exam of heart		$119		
93314	TC	Echo exam of heart		$278		
93315		Echo transesophageal..		$584		
93315	26	Echo transesophageal..		$295		
93315	TC	Echo transesophageal..		$289		
93316		Echo transesophageal..		$124		
93317		Echo transesophageal..		$470		
93317	26	Echo transesophageal..		$181		
93317	TC	Echo transesophageal..		$289		
93318		Echo transesophageal intraop		BR	BR	*
93318	26	Echo transesophageal intraop		$200	$200	*
93318	TC	Echo transesophageal intraop		BR	BR	*
93320		Doppler echo exam, heart.		$185		
93320	26	Doppler echo exam, heart.		$56		
93320	TC	Doppler echo exam, heart.		$129		
93321		Doppler echo exam, heart.		$107		
93321	26	Doppler echo exam, heart.		$22		
93321	TC	Doppler echo exam, heart.		$84		
93325		Doppler color flow add on.		$229		
93325	26	Doppler color flow add on.		$8		
93325	TC	Doppler color flow add on.		$220		
93350		Echo transthoracic....		$248		
93350	26	Echo transthoracic....		$114		
93350	TC	Echo transthoracic....		$133		
93501		Right heart catheterization	0	$1,718		
93501	26	Right heart catheterization	0	$493		
93501	TC	Right heart catheterization	0	$1,225		
93503		Insert/place heart catheter	0	$366		
93505		Biopsy of heart lining	0	$703		
93505	26	Biopsy of heart lining	0	$557		
93505	TC	Biopsy of heart lining	0	$147		
93508		Cath placement, angiography.	0	$1,418		
93508	26	Cath placement, angiography.	0	$483		
93508	TC	Cath placement, angiography.	0	$935		
93510		Left heart catheterization	0	$3,218		
93510	26	Left heart catheterization	0	$539		
93510	TC	Left heart catheterization	0	$2,679		
93511		Left heart catheterization	0	$3,164		
93511	26	Left heart catheterization	0	$556		
93511	TC	Left heart catheterization	0	$2,609		
93514		Left heart catheterization	0	$3,456		
93514	26	Left heart catheterization	0	$848		
93514	TC	Left heart catheterization	0	$2,609		
93524		Left heart catheterization	0	$4,254		
93524	26	Left heart catheterization	0	$845		
93524	TC	Left heart catheterization	0	$3,409		
93526		Rt & lt heart catheters	0	$4,339		
93526	26	Rt & lt heart catheters	0	$838		
93526	TC	Rt & lt heart catheters	0	$3,502		
93527		Rt & lt heart catheters	0	$4,465		
93527	26	Rt & lt heart catheters	0	$1,057		
93527	TC	Rt & lt heart catheters	0	$3,409		
93528		Rt & lt heart catheters	0	$4,382		
93528	26	Rt & lt heart catheters	0	$974		
93528	TC	Rt & lt heart catheters	0	$3,409		
93529		Rt, lt heart catheterization	0	$3,971		
93529	26	Rt, lt heart catheterization	0	$563		
93529	TC	Rt, lt heart catheterization	0	$3,409		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
93530		Rt heart cath, congenital.	0	$1,814		
93530	26	Rt heart cath, congenital.	0	$548		
93530	TC	Rt heart cath, congenital.	0	$1,266		
93531		R & l heart cath, congenital.	0	$4,588		
93531	26	R & l heart cath, congenital.	0	$973		
93531	TC	R & l heart cath, congenital.	0	$3,615		
93532		R & l heart cath, congenital.	0	$4,016		
93532	26	R & l heart cath, congenital.	0	$497		
93532	TC	R & l heart cath, congenital.	0	$3,519		
93533		R & l heart cath, congenital.	0	$4,209		
93533	26	R & l heart cath, congenital.	0	$690		
93533	TC	R & l heart cath, congenital.	0	$3,519		
93539		Injection, cardiac cath	0	$180		
93540		Injection, cardiac cath	0	$180		
93541		Injection for lung angiogram	0	$147		
93542		Injection for heart x-rays	0	$147		
93543		Injection for heart x-rays	0	$112		
93544		Injection for aortography	0	$111		
93545		Injection for coronary xrays	0	$215		
93555		Imaging, cardiac cath		$530		
93555	26	Imaging, cardiac cath		$80		
93555	TC	Imaging, cardiac cath		$451		
93556		Imaging, cardiac cath		$805		
93556	26	Imaging, cardiac cath		$96		
93556	TC	Imaging, cardiac cath		$709		
93561		Cardiac output measurement	0	$182		
93561	26	Cardiac output measurement	0	$141		
93561	TC	Cardiac output measurement	0	$41		
93562		Cardiac output measurement	0	$87		
93562	26	Cardiac output measurement	0	$63		
93562	TC	Cardiac output measurement	0	$24		
93571		Heart flow reserve measure.		$519		
93571	26	Heart flow reserve measure.		$178		
93571	TC	Heart flow reserve measure.		$341		
93572		Heart flow reserve measure.		$476		
93572	26	Heart flow reserve measure.		$143		
93572	TC	Heart flow reserve measure.		$333		
93580		Transcath closure of asd	0	$1,886	$1,886	*
93581		Transcath closure of vsd	0	$2,514	$2,514	*
93600		Bundle of his recording	0	$518		
93600	26	Bundle of his recording	0	$377		
93600	TC	Bundle of his recording	0	$142		
93602		Intra-atrial recording	0	$366		
93602	26	Intra-atrial recording	0	$285		
93602	TC	Intra-atrial recording	0	$81		
93603		Right ventricular recording	0	$438		
93603	26	Right ventricular recording	0	$316		
93603	TC	Right ventricular recording	0	$122		
93609		Map tachycardia, add-on	ZZZ	$722	$722	*
93609	26	Map tachycardia, add-on	ZZZ	$517	$517	*
93609	TC	Map tachycardia, add-on	ZZZ	$205	$205	*
93610		Intra-atrial pacing	0	$488		
93610	26	Intra-atrial pacing	0	$390		
93610	TC	Intra-atrial pacing	0	$98		
93612		Intraventricular pacing	0	$509		
93612	26	Intraventricular pacing	0	$392		
93612	TC	Intraventricular pacing	0	$118		
93613		Electrophys map 3d, add-on	ZZZ	$725	$725	*
93615		Esophageal recording	0	$119		
93615	26	Esophageal recording	0	$96		
93615	TC	Esophageal recording	0	$23		
93616		Esophageal recording	0	$231		
93616	26	Esophageal recording	0	$208		
93616	TC	Esophageal recording	0	$23		
93618		Heart rhythm pacing	0	$1,018		
93618	26	Heart rhythm pacing	0	$731		
93618	TC	Heart rhythm pacing	0	$287		
93619		Electrophysiology evaluation	0	$1,340	$1,340	*
93619	26	Electrophysiology evaluation	0	$761	$761	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
93619	TC	Electrophysiology evaluation	0	$579	$579	*
93620		Electrophysiology evaluation	0	BR	BR	*
93620	26	Electrophysiology evaluation	0	$1,190	$1,190	*
93620	TC	Electrophysiology evaluation	0	BR	BR	*
93621		Electrophysiology evaluation	ZZZ	BR	BR	*
93621	26	Electrophysiology evaluation	ZZZ	$212	$212	*
93621	TC	Electrophysiology evaluation	ZZZ	BR	BR	*
93622		Electrophysiology evaluation	ZZZ	BR	BR	*
93622	26	Electrophysiology evaluation	ZZZ	$313	$313	*
93622	TC	Electrophysiology evaluation	ZZZ	BR	BR	*
93623		Stimulation, pacing heart.		BR		
93623	26	Stimulation, pacing heart.		$388		
93623	TC	Stimulation, pacing heart.		BR		
93624		Electrophysiologic study	0	$710		
93624	26	Electrophysiologic study	0	$567		
93624	TC	Electrophysiologic study	0	$144		
93631		Heart pacing, mapping	0	$1,458		
93631	26	Heart pacing, mapping	0	$993		
93631	TC	Heart pacing, mapping	0	$465		
93640		Evaluation heart device.	0	$1,064		
93640	26	Evaluation heart device.	0	$525		
93640	TC	Evaluation heart device.	0	$539		
93641		Electrophysiology evaluation.	0	$1,398		
93641	26	Electrophysiology evaluation.	0	$859		
93641	TC	Electrophysiology evaluation.	0	$539		
93642		Electrophysiology evaluation.	0	$1,255		
93642	26	Electrophysiology evaluation.	0	$716		
93642	TC	Electrophysiology evaluation.	0	$539		
93650		Ablate heart dysrhythm focus	0	$1,972		
93651		Ablate heart dysrhythm focus	0	$2,507		
93652		Ablate heart dysrhythm focus	0	$2,609		
93660		Tilt table evaluation.	0	BR		
93660	26	Tilt table evaluation.	0	$236		
93660	TC	Tilt table evaluation.	0	BR		
93662		Intracardiac ecg (ice)	ZZZ	BR	BR	*
93662	26	Intracardiac ecg (ice)	ZZZ	$284	$284	*
93662	TC	Intracardiac ecg (ice)	ZZZ	BR	BR	*
93668		Peripheral vascular rehab		BR	BR	*
93701		Bioimpedance, thoracic		$83	$83	*
93701	26	Bioimpedance, thoracic		$18	$18	*
93701	TC	Bioimpedance, thoracic		$65	$65	*
93720		Total body plethysmography		$87		
93721		Plethysmography tracing		$53		
93722		Plethysmography report		$34		
93724		Analyze pacemaker system	0	$852		
93724	26	Analyze pacemaker system	0	$565		
93724	TC	Analyze pacemaker system	0	$287		
93727		Analyze ilr system....		BR		
93731		Analyze pacemaker system		$94		
93731	26	Analyze pacemaker system		$57		
93731	TC	Analyze pacemaker system		$37		
93732		Analyze pacemaker system		$131		
93732	26	Analyze pacemaker system		$93		
93732	TC	Analyze pacemaker system		$38		
93733		Telephone analysis,pacemaker		$84		
93733	26	Telephone analysis,pacemaker		$31		
93733	TC	Telephone analysis,pacemaker		$54		
93734		Analyze pacemaker system		$76		
93734	26	Analyze pacemaker system		$51		
93734	TC	Analyze pacemaker system		$26		
93735		Analyze pacemaker system		$101		
93735	26	Analyze pacemaker system		$69		
93735	TC	Analyze pacemaker system		$33		
93736		Telephone analysis,pacemaker		$77		
93736	26	Telephone analysis,pacemaker		$31		
93736	TC	Telephone analysis,pacemaker		$47		
93740		Temperature gradient studies		$46		
93740	26	Temperature gradient studies		$35		
93740	TC	Temperature gradient studies		$12		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
93741		Analyze ht pace device sngl		$131	$131	*
93741	26	Analyze ht pace device sngl		$81	$81	*
93741	TC	Analyze ht pace device sngl		$50	$50	*
93742		Analyze ht pace device sngl		$142	$142	*
93742	26	Analyze ht pace device sngl		$92	$92	*
93742	TC	Analyze ht pace device sngl		$50	$50	*
93743		Analyze ht pace device dual.		BR		
93743	26	Analyze ht pace device dual.		BR		
93743	TC	Analyze ht pace device dual.		BR		
93744		Analyze ht pace device dual.		BR		
93744	26	Analyze ht pace device dual.		BR		
93744	TC	Analyze ht pace device dual.		BR		
93745		Set-up cardiovert-defibrill		BR	BR	*
93745	26	Set-up cardiovert-defibrill		BR	BR	*
93745	TC	Set-up cardiovert-defibrill		BR	BR	*
93760		Cephalic thermogram		BR		
93762		Peripheral thermogram		BR		
93770		Measure venous pressure		$27		
93770	26	Measure venous pressure		$25		
93770	TC	Measure venous pressure		$3		
93784		Ambulatory bp monitoring		BR		
93786		Ambulatory bp recording		BR		
93788		Ambulatory bp analysis		BR		
93790		Review/report bp recording		BR		
93797		Cardiac rehab	0	$35		
93798		Cardiac rehab/monitor	0	$56		
93799		Cardiovascular procedure		BR		
93799	26	Cardiovascular procedure		BR		
93799	TC	Cardiovascular procedure		BR		
93875		Extracranial study		$136		
93875	26	Extracranial study		$53		
93875	TC	Extracranial study		$83		
93880		Extracranial study		$341		
93880	26	Extracranial study		$79		
93880	TC	Extracranial study		$263		
93882		Extracranial study....		$237		
93882	26	Extracranial study....		$46		
93882	TC	Extracranial study....		$191		
93886		Intracranial study		$381		
93886	26	Intracranial study		$119		
93886	TC	Intracranial study		$263		
93888		Intracranial study....		$282		
93888	26	Intracranial study....		$64		
93888	TC	Intracranial study....		$218		
93890		Tcd, vasoreactivity study		$450	$450	*
93890	26	Tcd, vasoreactivity study		$103	$103	*
93890	TC	Tcd, vasoreactivity study		$347	$347	*
93892		Tcd, emboli detect w/o inj		$479	$479	*
93892	26	Tcd, emboli detect w/o inj		$118	$118	*
93892	TC	Tcd, emboli detect w/o inj		$361	$361	*
93893		Tcd, emboli detect w/inj		$470	$470	*
93893	26	Tcd, emboli detect w/inj		$118	$118	*
93893	TC	Tcd, emboli detect w/inj		$352	$352	*
93922		Extremity study		$130		
93922	26	Extremity study		$42		
93922	TC	Extremity study		$88		
93923		Extremity study		$245		
93923	26	Extremity study		$80		
93923	TC	Extremity study		$166		
93924		Extremity study		$267		
93924	26	Extremity study		$87		
93924	TC	Extremity study		$181		
93925		Lower extremity study		$341		
93925	26	Lower extremity study		$79		
93925	TC	Lower extremity study		$263		
93926		Lower extremity study.		$239		
93926	26	Lower extremity study.		$45		
93926	TC	Lower extremity study.		$193		
93930		Upper extremity study		$328		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
93930	26	Upper extremity study		$66		
93930	TC	Upper extremity study		$263		
93931		Upper extremity study.		$245		
93931	26	Upper extremity study.		$40		
93931	TC	Upper extremity study.		$205		
93965		Extremity study		$143		
93965	26	Extremity study		$61		
93965	TC	Extremity study		$83		
93970		Extremity study		$355		
93970	26	Extremity study		$93		
93970	TC	Extremity study		$263		
93971		Extremity study.....		$264		
93971	26	Extremity study.....		$50		
93971	TC	Extremity study.....		$213		
93975		Vascular study.....		$526		
93975	26	Vascular study.....		$162		
93975	TC	Vascular study.....		$364		
93976		Vascular study.....		$351		
93976	26	Vascular study.....		$108		
93976	TC	Vascular study.....		$243		
93978		Vascular study		$350		
93978	26	Vascular study		$88		
93978	TC	Vascular study		$263		
93979		Vascular study.....		$248		
93979	26	Vascular study.....		$50		
93979	TC	Vascular study.....		$199		
93980		Penile vascular study		$455		
93980	26	Penile vascular study		$192		
93980	TC	Penile vascular study		$263		
93981		Penile vascular study		$318		
93981	26	Penile vascular study		$76		
93981	TC	Penile vascular study		$243		
93990		Doppler flow testing		$218		
93990	26	Doppler flow testing		$32		
93990	TC	Doppler flow testing		$186		
94010		Breathing capacity test.		$61		
94010	26	Breathing capacity test.		$30		
94010	TC	Breathing capacity test.		$31		
94014		Patient recorded spirometry.		$83		
94015		Patient recorded spirometry.		BR		
94016		Review patient spirometry.		$52		
94060		Evaluation of wheezing		$103	$103	*
94060	26	Evaluation of wheezing		$29	$29	*
94060	TC	Evaluation of wheezing		$74	$74	*
94070		Evaluation of wheezing		$110	$110	*
94070	26	Evaluation of wheezing		$57	$57	*
94070	TC	Evaluation of wheezing		$52	$52	*
94150		Vital capacity test		$24		
94150	26	Vital capacity test		$17		
94150	TC	Vital capacity test		$7		
94200		Lung function test (mbc/mvv)		$38		
94200	26	Lung function test (mbc/mvv)		$20		
94200	TC	Lung function test (mbc/mvv)		$19		
94240		Residual lung capacity		$86		
94240	26	Residual lung capacity		$36		
94240	TC	Residual lung capacity		$50		
94250		Expired gas collection		$28		
94250	26	Expired gas collection		$19		
94250	TC	Expired gas collection		$10		
94260		Thoracic gas volume		$67		
94260	26	Thoracic gas volume		$27		
94260	TC	Thoracic gas volume		$40		
94350		Lung nitrogen washout curve		$74		
94350	26	Lung nitrogen washout curve		$34		
94350	TC	Lung nitrogen washout curve		$40		
94360		Measure airflow resistance		$102		
94360	26	Measure airflow resistance		$33		
94360	TC	Measure airflow resistance		$70		
94370		Breath airway closing volume		$49		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
94370	26	Breath airway closing volume		$29		
94370	TC	Breath airway closing volume		$20		
94375		Respiratory flow volume loop		$73		
94375	26	Respiratory flow volume loop		$38		
94375	TC	Respiratory flow volume loop		$35		
94400		Co2 breathing response curve		$96		
94400	26	Co2 breathing response curve		$71		
94400	TC	Co2 breathing response curve		$26		
94450		Hypoxia response curve		$75		
94450	26	Hypoxia response curve		$47		
94450	TC	Hypoxia response curve		$28		
94452		Hast w/report		$97	$97	*
94452	26	Hast w/report		$30	$30	*
94452	TC	Hast w/report		$67	$67	*
94453		Hast w/oxygen titrate		$138	$138	*
94453	26	Hast w/oxygen titrate		$38	$38	*
94453	TC	Hast w/oxygen titrate		$100	$100	*
94620		Pulmonary stress test/ simple.		$216		
94620	26	Pulmonary stress test/ simple.		$109		
94620	TC	Pulmonary stress test/ simple.		$107		
94621		Pulm stress test/ complex.		$216		
94621	26	Pulm stress test/ complex.		$109		
94621	TC	Pulm stress test/ complex.		$107		
94640		Airway inhalation treatment		$23	$23	*
94642		Aerosol inhalation treatment		BR		
94656		Initial ventilator mgmt		$175		
94657		Cont. ventilator		$107		
94660		Pos airway pressure, cpap		$109		
94662		Neg pressure ventilation,cnp		$77		
94664		Evaluate pt use of inhaler		$25	$25	*
94667		Chest wall manipulation		$43		
94668		Chest wall manipulation		$26		
94680		Exhaled air analysis: o2		$84		
94680	26	Exhaled air analysis: o2		$44		
94680	TC	Exhaled air analysis: o2		$40		
94681		Exhaled air analysis: o2,co2		$147		
94681	26	Exhaled air analysis: o2,co2		$45		
94681	TC	Exhaled air analysis: o2,co2		$103		
94690		Exhaled air analysis		$48		
94690	26	Exhaled air analysis		$9		
94690	TC	Exhaled air analysis		$40		
94720		Monoxide diffusing capacity		$94	$94	*
94720	26	Monoxide diffusing capacity		$25	$25	*
94720	TC	Monoxide diffusing capacity		$69	$69	*
94725		Membrane diffusion capacity		$159		
94725	26	Membrane diffusion capacity		$32		
94725	TC	Membrane diffusion capacity		$127		
94750		Pulmonary compliance study		$115	$115	*
94750	26	Pulmonary compliance study		$22	$22	*
94750	TC	Pulmonary compliance study		$93	$93	*
94760		Measure blood oxygen level		$19		
94761		Measure blood oxygen level		$50		
94762		Measure blood oxygen level		$84		
94770		Exhaled carbon dioxide test		$50		
94770	26	Exhaled carbon dioxide test		$24		
94770	TC	Exhaled carbon dioxide test		$26		
94772		Breath recording, infant		BR		
94772	26	Breath recording, infant		BR		
94772	TC	Breath recording, infant		BR		
94799		Pulmonary service/procedure		BR		
94799	26	Pulmonary service/procedure		BR		
94799	TC	Pulmonary service/procedure		BR		
95004		Allergy skin tests		$7		
95010		Sensitivity skin tests		$19		
95015		Sensitivity skin tests		$19		
95024		Allergy skin tests		$11		
95027		Id allergy titrate-airborne		$11	$11	*
95028		Allergy skin tests		$17		
95044		Allergy patch tests		$14		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
95052		Photo patch test		$18		
95056		Photosensitivity tests		$13		
95060		Eye allergy tests		$25		
95065		Nose allergy test		$14		
95070		Bronchial allergy tests		$155		
95071		Bronchial allergy tests		$199		
95075		Ingestion challenge test		$208		
95078		Provocative testing		$19		
95115		Immunotherapy, one injection	0	$32		
95117		Immunotherapy injections.	0	$37		
95120		Immunotherapy,single antigen		BR		
95125		Immunotherapy, many antigens.		BR		
95130		Immunotherapy, insect venom		BR		
95131		Immunotherapy, insect venoms		BR		
95132		Immunotherapy, insect venoms		BR		
95133		Immunotherapy, insect venoms		BR		
95134		Immunotherapy, insect venoms		BR		
95144		Antigen therapy services	0	$18	$6	*
95145		Antigen therapy services	0	$28	$6	*
95146		Antigen therapy services.	0	$44		
95147		Antigen therapy services.	0	$62		
95148		Antigen therapy services.	0	$63		
95149		Antigen therapy services.	0	$78		
95165		Antigen therapy services	0	$18	$6	*
95170		Antigen therapy services	0	BR		
95180		Rapid desensitization	0	$290	$212	*
95199		Allergy immunology services	0	BR		
95250		Glucose monitoring, cont		$291	$291	*
95805		Multiple sleep latency test.		$571		
95805	26	Multiple sleep latency test.		$178		
95805	TC	Multiple sleep latency test.		$392		
95806		Sleep study, unattended.		$650		
95806	26	Sleep study, unattended.		$276		
95806	TC	Sleep study, unattended.		$374		
95807		Sleep study, attended.		$738		
95807	26	Sleep study, attended.		$239		
95807	TC	Sleep study, attended.		$499		
95808		Polysomnography, 1-3		$708		
95808	26	Polysomnography, 1-3		$332		
95808	TC	Polysomnography, 1-3		$377		
95810		Polysomnography, 4 or more		$708		
95810	26	Polysomnography, 4 or more		$332		
95810	TC	Polysomnography, 4 or more		$377		
95811		Polysomnography w/cpap		$967		
95811	26	Polysomnography w/cpap		$444		
95811	TC	Polysomnography w/cpap		$523		
95812		Eeg, 41-60 minutes		$374	$374	*
95812	26	Eeg, 41-60 minutes		$113	$113	*
95812	TC	Eeg, 41-60 minutes		$262	$262	*
95813		Electroencephalogram (EEG)		$261		
95813	26	Electroencephalogram (EEG)		$159		
95813	TC	Electroencephalogram (EEG)		$102		
95816		Eeg, awake and drowsy		$351	$351	*
95816	26	Eeg, awake and drowsy		$113	$113	*
95816	TC	Eeg, awake and drowsy		$237	$237	*
95819		Eeg, awake and asleep		$299	$299	*
95819	26	Eeg, awake and asleep		$113	$113	*
95819	TC	Eeg, awake and asleep		$186	$186	*
95822		Eeg, coma or sleep only		$416	$416	*
95822	26	Eeg, coma or sleep only		$113	$113	*
95822	TC	Eeg, coma or sleep only		$303	$303	*
95824		Electroencephalography		$127		
95824	26	Electroencephalography		$97		
95824	TC	Electroencephalography		$31		
95827		Eeg, all night recording		$281	$281	*
95827	26	Eeg, all night recording		$109	$109	*
95827	TC	Eeg, all night recording		$172	$172	*
95829		Surgery electrocorticogram		$485		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
95829	26	Surgery electrocorticogram		$474		
95829	TC	Surgery electrocorticogram		$12		
95830		Insert electrodes for eeg		$181		
95831		Limb muscle testing, manual.		$44		
95832		Hand muscle testing, manual		$40		
95833		Body muscle testing, manual		$64		
95834		Body muscle testing, manual		$91		
95851		Range of motion measurements		$38		
95852		Range of motion measurements		$26		
95857		Tensilon test		$77		
95858		Tensilon test & myogram		$189		
95858	26	Tensilon test & myogram		$160		
95858	TC	Tensilon test & myogram		$30		
95860		Muscle test, one limb		$174	$174	*
95860	26	Muscle test, one limb		$101	$101	*
95860	TC	Muscle test, one limb		$72	$72	*
95861		Muscle test, 2 limbs		$219	$219	*
95861	26	Muscle test, 2 limbs		$163	$163	*
95861	TC	Muscle test, 2 limbs		$56	$56	*
95863		Muscle test, 3 limbs		$267	$267	*
95863	26	Muscle test, 3 limbs		$196	$196	*
95863	TC	Muscle test, 3 limbs		$71	$71	*
95864		Muscle test, 4 limbs		$345	$345	*
95864	26	Muscle test, 4 limbs		$210	$210	*
95864	TC	Muscle test, 4 limbs		$135	$135	*
95867		Muscle test cran nerv unilat		$127	$127	*
95867	26	Muscle test cran nerv unilat		$83	$83	*
95867	TC	Muscle test cran nerv unilat		$44	$44	*
95868		Muscle test cran nerve bilat		$177	$177	*
95868	26	Muscle test cran nerve bilat		$124	$124	*
95868	TC	Muscle test cran nerve bilat		$53	$53	*
95869		Muscle test, thor paraspinal		$55	$55	*
95869	26	Muscle test, thor paraspinal		$39	$39	*
95869	TC	Muscle test, thor paraspinal		$16	$16	*
95870		Muscle test, nonparaspinal.		$65		
95870	26	Muscle test, nonparaspinal.		$49		
95870	TC	Muscle test, nonparaspinal.		$17		
95872		Muscle test, one fiber		$203		
95872	26	Muscle test, one fiber		$157		
95872	TC	Muscle test, one fiber		$46		
95875		Limb exercise test		$189	$189	*
95875	26	Limb exercise test		$115	$115	*
95875	TC	Limb exercise test		$74	$74	*
95900		Motor nerve conduction test.		$75		
95900	26	Motor nerve conduction test.		$54		
95900	TC	Motor nerve conduction test.		$21		
95903		Motor nerve conduction test.		$87		
95903	26	Motor nerve conduction test.		$68		
95903	TC	Motor nerve conduction test.		$19		
95904		Sense nerve conduction test		$104	$104	*
95904	26	Sense nerve conduction test		$36	$36	*
95904	TC	Sense nerve conduction test		$68	$68	*
95920		Intraop nerve test add on.		$348		
95920	26	Intraop nerve test add on.		$250		
95920	TC	Intraop nerve test add on.		$97		
95921		Autonomic nerv function test.		$117		
95921	26	Autonomic nerv function test.		$89		
95921	TC	Autonomic nerv function test.		$28		
95922		Autonomic nerv function test.		$123		
95922	26	Autonomic nerv function test.		$94		
95922	TC	Autonomic nerv function test.		$28		
95923		Autonomic nerv function test.		$117		
95923	26	Autonomic nerv function test.		$89		
95923	TC	Autonomic nerv function test.		$28		
95925		Somatosensory testing.		$148		
95925	26	Somatosensory testing.		$80		
95925	TC	Somatosensory testing.		$68		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
95926		Somatosensory testing.		$149		
95926	26	Somatosensory testing.		$81		
95926	TC	Somatosensory testing.		$68		
95927		Somatosensory testing.		$149		
95927	26	Somatosensory testing.		$81		
95927	TC	Somatosensory testing.		$68		
95928		C motor evoked, uppr limbs		$327	$327	*
95928	26	C motor evoked, uppr limbs		$157	$157	*
95928	TC	C motor evoked, uppr limbs		$170	$170	*
95929		C motor evoked, lwr limbs		$340	$340	*
95929	26	C motor evoked, lwr limbs		$157	$157	*
95929	TC	C motor evoked, lwr limbs		$184	$184	*
95930		Visual evoked potential test.		$81		
95930	26	Visual evoked potential test.		$62		
95930	TC	Visual evoked potential test.		$19		
95933		Blink reflex test		$138		
95933	26	Blink reflex test		$81		
95933	TC	Blink reflex test		$58		
95934		H-reflex test.....		$77		
95934	26	H-reflex test.....		$60		
95934	TC	H-reflex test.....		$17		
95936		H-reflex test.....		$80		
95936	26	H-reflex test.....		$63		
95936	TC	H-reflex test.....		$17		
95937		Neuromuscular junction test		$102		
95937	26	Neuromuscular junction test		$77		
95937	TC	Neuromuscular junction test		$25		
95950		Ambulatory eeg monitoring.		$700		
95950	26	Ambulatory eeg monitoring.		$190		
95950	TC	Ambulatory eeg monitoring.		$480		
95951		EEG monitoring/ videorecord.		$1,131		
95951	26	EEG monitoring/ videorecord.		$553		
95951	TC	EEG monitoring/ videorecord.		$578		
95953		Eeg monitoring/computer		$774		
95953	26	Eeg monitoring/computer		$311		
95953	TC	Eeg monitoring/computer		$464		
95954		EEG monitoring/giving drugs.		$344		
95954	26	EEG monitoring/giving drugs.		$306		
95954	TC	EEG monitoring/giving drugs.		$37		
95955		Eeg during surgery		$298		
95955	26	Eeg during surgery		$152		
95955	TC	Eeg during surgery		$146		
95956		Eeg monitoring/cable/radio		$796		
95956	26	Eeg monitoring/cable/radio		$332		
95956	TC	Eeg monitoring/cable/radio		$464		
95957		EEG digital analysis..		$319		
95957	26	EEG digital analysis..		$191		
95957	TC	EEG digital analysis..		$128		
95958		Eeg monitoring/function test		$684		
95958	26	Eeg monitoring/function test		$557		
95958	TC	Eeg monitoring/function test		$128		
95961		Electrode stimulation, brain.		$414		
95961	26	Electrode stimulation, brain.		$317		
95961	TC	Electrode stimulation, brain.		$97		
95962		Electrode stim, brain add-on.		$432		
95962	26	Electrode stim, brain add-on.		$334		
95962	TC	Electrode stim, brain add-on.		$97		
95965		Meg, spontaneous		BR	BR	*
95965	26	Meg, spontaneous		$841	$841	*
95965	TC	Meg, spontaneous		BR	BR	*
95966		Meg, evoked, single		BR	BR	*
95966	26	Meg, evoked, single		$418	$418	*
95966	TC	Meg, evoked, single		BR	BR	*
95967		Meg, evoked, each add'l	ZZZ	BR	BR	*
95967	26	Meg, evoked, each add'l	ZZZ	$342	$342	*
95967	TC	Meg, evoked, each add'l	ZZZ	BR	BR	*
95970		Analyze neurostim, no prog.		$47		
95971		Analyze neurostim, simple		$108	$76	*
95972		Analyze neurostim, complex		$202	$151	*

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
95973		Analyze neurostim, complex	ZZZ	$114	$94	*
95974		Cranial neurostim, complex.		$283		
95975		Cranial neurostim, complex.		$169		
95978		Analyze neurostim brain/1h		$398	$353	*
95979		Analyz neurostim brain addon	ZZZ	$184	$171	*
95990		Spin/brain pump refil & main		$111	$111	*
95991		Spin/brain pump refil & main		$162	$71	*
95999		Neurological procedure		BR		
96000		Motion analysis, video/3d		$173	$173	*
96001		Motion test w/ft press meas		$206	$206	*
96002		Dynamic surface emg		$41	$41	*
96003		Dynamic fine wire emg		$36	$36	*
96004		Phys review of motion tests		$226	$226	*
96100		Psychological testing.		$137		
96105		Assessment of aphasia.		$137		
96110		Developmental test, lim.		BR		
96111		Developmental test, extend		$272	$272	*
96115		Neurobehavior status exam.		$137		
96117		Neuropsych test battery.		$137		
96150		Assess hlth/behave, init		$49	$49	*
96151		Assess hlth/behave, subseq		$47	$47	*
96152		Intervene hlth/behave, indiv		$45	$45	*
96153		Intervene hlth/behave, group		$11	$10	*
96154		Interv hlth/behav, fam w/pt		$45	$44	*
96155		Interv hlth/behav fam no pt		$45	$45	*
96400		Chemotherapy, (sc)/(im)		$10		
96405		Intralesional chemo admin	0	$66		
96406		Intralesional chemo admin	0	$100		
96408		Chemotherapy, push technique		$70		
96410		Chemotherapy,infusion method		$111		
96412		Chemo, infuse method add-on.		$86		
96414		Chemotherapy,infusion method		$96		
96420		Chemotherapy, push technique		$91		
96422		Chemotherapy,infusion method		$89		
96423		Chemo, infuse method add-on.		$36		
96425		Chemotherapy,infusion method		$103		
96440		Chemotherapy, intracavitary	0	$230		
96445		Chemotherapy, intracavitary	0	$231		
96450		Chemotherapy, into CNS	0	$632	$218	*
96520		Pump refilling, maintenance		$65		
96530		Syst pump refill & main		$206	$206	*
96542		Chemotherapy injection		$187		
96545		Provide chemotherapy agent		BR		
96549		Chemotherapy, unspecified		BR		
96567		Photodynamic tx, skin		$71	$71	*
96570		Photodynamic tx, 30 min.	0	BR		
96571		Photodynamic tx, addl 15 min.	0	BR		
96900		Ultraviolet light therapy		$29		
96902		Trichogram.....		$50		
96910		Photochemotherapy with uv-b		$42		
96912		Photochemotherapy with uv-a		$49		
96913		Photochemotherapy, uv-a or b		BR		
96920		Laser tx, skin < 250 sq cm	0	$263	$123	*
96921		Laser tx, skin 250-500 sq cm	0	$269	$125	*
96922		Laser tx, skin > 500 sq cm	0	$399	$196	*
96999		Dermatological procedure		BR		
97001		Pt evaluation.....		$117		
97002		Pt re-evaluation.....		$49		
97003		Ot evaluation.....		$120		
97004		Ot re-evaluation.....		$50		
97005		Athletic train eval		BR	BR	*
97006		Athletic train reeval		BR	BR	*
97010		Hot or cold packs therapy.		$19		
97012		Mechanical traction therapy		$30		
97014		Electric stimulation therapy		$30		
97016		Vasopneumatic device therapy		$35		
97018		Paraffin bath therapy		$36		
97020		Microwave therapy		$27		
97022		Whirlpool therapy		$29		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
97024		Diathermy treatment		$28		
97026		Infrared therapy		$30		
97028		Ultraviolet therapy		$26		
97032		Electrical stimulation		$28		
97033		Electric current therapy		$29		
97034		Contrast bath therapy		$22		
97035		Ultrasound therapy		$23		
97036		Hydrotherapy		$43		
97039		Physical therapy treatment.		$31		
97110		Therapeutic exercises.		$43		
97112		Neuromuscular reeducation		$55	$55	*
97113		Aquatic therapy/exercises		$46		
97116		Gait training therapy.		$38		
97124		Massage therapy.....		$34		
97139		Physical medicine procedure.		$27		
97140		Manual therapy.....		$44		
97150		Group therapeutic procedures		$34		
97504		Orthotic training		$57	$57	*
97520		Prosthetic training...		$44		
97530		Therapeutic activities		$44		
97532		Cognitive skills development		$46	$46	*
97533		Sensory integration		$49	$49	*
97535		Self care mngment training		$56	$56	*
97537		Community/work reintegration		$51	$51	*
97542		Wheelchair mngment training.		$31		
97545		Work hardening		BR		
97546		Work hardening add-on.		$65		
97597		Active wound care/20 cm or <		$91	$91	*
97598		Active wound care > 20 cm		$116	$116	*
97602		Wound(s) care non-selective		BR	BR	*
97605		Neg press wound tx, < 50 cm		BR	BR	*
97606		Neg press wound tx, > 50 cm		BR	BR	*
97703		Prosthetic checkout...		$31		
97750		Physical performance test		$50		
97755		Assistive technology assess		$65	$65	*
97799		Physical medicine procedure.		$43		
97802		Medical nutrition, indiv, in		$34	$34	*
97803		Med nutrition, indiv, subseq		$34	$34	*
97804		Medical nutrition, group		$13	$13	*
97810		Acupunct w/o stimul 15 min		$45	$45	*
97811		Acupunct w/o stimul addl 15m	ZZZ	$38	$38	*
97813		Acupunct w/stimul 15 min		$48	$48	*
97814		Acupunct w/stimul addl 15m	ZZZ	$41	$41	*
98925		Osteopathic manipulation	0	$51		
98926		Osteopathic manipulation	0	$77		
98927		Osteopathic manipulation	0	$91		
98928		Osteopathic manipulation	0	$105		
98929		Osteopathic manipulation	0	$114		
98940		Chiropractic manipulation.	0	$52		
98941		Chiropractic manipulation.	0	$68		
98942		Chiropractic manipulation.	0	$84		
98943		Chiropractic manipulation.		$50		
99000		Specimen handling		BR		
99001		Specimen handling		BR		
99002		Device handling		BR		
99024		Postop follow-up visit		BR	BR	*
99026		In-hospital on call service		BR	BR	*
99027		Out-of-hosp on call service		BR	BR	*
99050		Medical services after hrs		BR	BR	*
99052		Medical services at night		BR		
99054		Medical services,unusual hrs		BR		
99056		Non-office medical services		BR		
99058		Office emergency care		BR		
99070		Special supplies		BR		
99071		Patient education materials		BR		
99075		Medical testimony		BR		
99078		Group health education		BR		
99080		Special reports or forms		BR		
99082		Unusual physician travel		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
99090		Computer data analysis		BR	BR	*
99091		Collect/review data from pt		BR	BR	*
99100		Special anesthesia service	ZZZ	BR	BR	*
99116		Anesthesia with hypothermia.		BR		
99135		Special anesthesia procedure.		BR		
99140		Emergency anesthesia..		$35		
99141		Sedation, iv/im or inhalant.		$131		
99142		Sedation, oral/rectal/ nasal.		$103		
99170		Anogenital exam, child	0	BR		
99172		Ocular function screen		BR	BR	*
99173		Visual screening test.		BR		
99175		Induction of vomiting		$101		
99183		Hyperbaric oxygen therapy		$292		
99185		Regional hypothermia		$47		
99186		Total body hypothermia		$158		
99190		Special pump services		BR		
99191		Special pump services		BR		
99192		Special pump services		BR		
99195		Phlebotomy		$32		
99199		Special service/proc/ report.		BR		
99201		Office/outpatient visit, new		$56		
99202		Office/outpatient visit, new		$89		
99203		Office/outpatient visit, new		$122		
99204		Office/outpatient visit, new		$182		
99205		Office/outpatient visit, new		$229		
99211		Office/outpatient visit, est		$27		
99212		Office/outpatient visit, est		$48		
99213		Office/outpatient visit, est		$68		
99214		Office/outpatient visit, est		$105		
99215		Office/outpatient visit, est		$166		
99217		Observation care discharge.		$131		
99218		Observation care		$129		
99219		Observation care		$205		
99220		Observation care		$258		
99221		Initial hospital care		$127		
99222		Initial hospital care		$210		
99223		Initial hospital care		$268		
99231		Subsequent hospital care		$66		
99232		Subsequent hospital care		$97		
99233		Subsequent hospital care		$135		
99234		Observ/hosp same date.		$240		
99235		Observ/hosp same date.		$327		
99236		Observ/hosp same date.		$398		
99238		Hospital discharge day		$131		
99239		Hospital discharge day		$166		
99241		Office consultation		$90		
99242		Office consultation...		$161		
99243		Office consultation		$180		
99244		Office consultation		$252		
99245		Office consultation		$341		
99251		Initial inpatient consult		$92		
99252		Initial inpatient consult		$140		
99253		Initial inpatient consult		$185		
99254		Initial inpatient consult		$254		
99255		Initial inpatient consult		$343		
99261		Follow-up inpatient consult		$51		
99262		Follow-up inpatient consult		$89		
99263		Follow-up inpatient consult		$133		
99271		Confirmatory consultation		$79		
99272		Confirmatory consultation		$117		
99273		Confirmatory consultation		$164		
99274		Confirmatory consultation		$217		
99275		Confirmatory consultation		$299		
99281		Emergency dept visit		$40		
99282		Emergency dept visit		$63		
99283		Emergency dept visit		$114		
99284		Emergency dept visit		$173		
99285		Emergency dept visit..		$296		
99288		Direct advanced life support		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
99289		Ped crit care transport		$459	$459	*
99290		Ped crit care transport addl	ZZZ	$236	$236	*
99291		Critical care, first hour.		$392		
99292		Critical care, addl 30 min.		$191		
99293		Ped critical care, initial		$1,547	$1,547	*
99294		Ped critical care, subseq		$768	$768	*
99295		Neonate crit care, initial		$1,771	$1,771	*
99296		Neonate critical care subseq		$769	$769	*
99297		Neonatal critical care		$445		
99298		Neonatal critical care		$281		
99301		Nursing facility care.		$121		
99301		Nursing facility care.		$121		
99302		Nursing facility care.		$156		
99302		Nursing facility care.		$156		
99303		Nursing facility care.		$213		
99303		Nursing facility care.		$213		
99311		Nursing fac care, subseq.		$68		
99311		Nursing fac care, subseq.		$68		
99312		Nursing fac care, subseq.		$102		
99312		Nursing fac care, subseq.		$102		
99313		Nursing fac care, subseq.		$138		
99313		Nursing fac care, subseq.		$138		
99315		Nursing fac discharge day.		$120		
99316		Nursing fac discharge day.		$148		
99321		Rest home visit, new patient		$79		
99322		Rest home visit, new patient		$112		
99323		Rest home visit, new patient		$147		
99331		Rest home visit, estab pat		$64		
99332		Rest home visit, estab pat		$84		
99333		Rest home visit, estab pat		$103		
99341		Home visit, new patient.		$112		
99342		Home visit, new patient.		$156		
99343		Home visit, new patient.		$225		
99344		Home visit, new patient.		$289		
99345		Home visit, new patient.		$346		
99347		Home visit, est. patient		$88		
99348		Home visit, est patient.		$131		
99349		Home visit, est patient.		$194		
99350		Home visit, est patient.		$280		
99354		Prolonged service, office.		$190		
99355		Prolonged service, office.		$187		
99356		Prolonged service, inpatient.		$182		
99357		Prolonged service, inpatient.		$183		
99358		Prolonged serv, w/o contact.		$190		
99359		Prolonged serv, w/o contact.		$187		
99360		Physician standby services.		BR		
99361		Physician/team conference		BR		
99362		Physician/team conference		BR		
99371		Physician phone consultation		BR		
99372		Physician phone consultation		BR		
99373		Physician phone consultation		BR		
99374		Home health care supervision		$131	$111	*
99375		Home health care supervision.		$171		
99377		Hospice care supervision		$131	$111	*
99378		Hospice care supervision.		$172		
99379		Nursing fac care supervision		$130	$111	*
99380		Nursing fac care supervision.		$174		
99381		Prev visit, new, infant		$194	$120	*
99382		Preventive visit,new,age 1-4		BR		
99383		Preventive visit,new,age5-11		BR		
99384		Preventive visit,new,12-17		BR		
99385		Preventive visit,new,18-39		BR		
99386		Preventive visit,new,40-64		BR		
99387		Preventive visit,new,65&over		BR		
99391		Prev visit, est, infant		$147	$103	*
99392		Preventive visit,est,age 1-4		BR		
99393		Preventive visit,est,age5-11		BR		
99394		Preventive visit,est,12-17		BR		
99395		Preventive visit,est,18-39		BR		

CPT Codes	Mod	Description	Global Days	Maximum Allowance	Maximum Non-Facility Allowance	05 Revisions
99396		Preventive visit,est,40-64		BR		
99397		Preventive visit,est,65&over		BR		
99401		Preventive counseling, indiv.		$68		
99402		Preventive counseling, indiv		BR		
99403		Preventive counseling, indiv		BR		
99404		Preventive counseling, indiv		BR		
99411		Preventive counseling, group.		$22		
99412		Preventive counseling, group		BR		
99420		Health risk assessment test		BR		
99429		Unlisted preventive service		BR		
99431		Initial care, normal newborn		BR		
99432		Newborn care not in hospital		BR		
99433		Normal newborn care,hospital		BR		
99435		Newborn discharge day hosp.		$207		
99436		Attendance, birth.....		$209		
99440		Newborn resuscitation.		$455		
99450		Life/disability evaluation		BR		
99455		Disability examination		BR		
99456		Disability examination		BR		
99499		Unlisted e/m service		BR		
99500		Home visit, prenatal		BR	BR	*
99501		Home visit, postnatal		BR	BR	*
99502		Home visit, nb care		BR	BR	*
99503		Home visit, resp therapy		BR	BR	*
99504		Home visit mech ventilator		BR	BR	*
99505		Home visit, stoma care		BR	BR	*
99506		Home visit, im injection		BR	BR	*
99507		Home visit, cath maintain		BR	BR	*
99509		Home visit day life activity		BR	BR	*
99510		Home visit, sing/m/fam couns		BR	BR	*
99511		Home visit, fecal/enema mgmt		BR	BR	*
99512		Home visit for hemodialysis		BR	BR	*
99600		Home visit nos		BR	BR	*
99601		Home infusion/visit, 2 hrs		BR	BR	*
99602		Home infusion, each addtl hr		BR	BR	*

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1034.2.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation, LR 19:1167 (September 1993), amended LR 20:1298 (November 1994), LR 31:

Family Impact Statement

1. The Effect of Stability on the Family. The proposed Rule for the Office of Worker's Compensation Administration will have no effect on the stability of the family.

2. The Effect on the Authority and Rights of parents regarding the Education and Supervision of Their Children. The proposed Rule for the Office of Worker's Compensation Administration will have no effect on the stability of the family.

3. The Effect on the Functioning of the Family. The proposed Rule for the Office of Worker's Compensation Administration will have no effect on the functioning of the family.

4. The Effect on Family Earnings and Family Budget. The proposed Rule for the Office of Worker's Compensation Administration will have no effect on the functioning of the family.

5. The Effect on the Behavior and Personal Responsibility of Children. The proposed Rule for the Office of Worker's Compensation Administration will have no effect on the behavior and personal responsibility of children.

6. The Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. The family or a local government is not able to perform the functions contained in the proposed Rule for the Office of Worker's Compensation Administration.

Inquiries concerning the proposed may be directed to Karen Reiners Winfrey, Assistant Secretary, Office of Workers' Compensation Administration, Louisiana Department of Labor, P. O. Box 94040, Baton Rouge, LA 70804-9004.

Interested persons may submit data, views, arguments, information or comments on the proposed in writing, to the Louisiana Department of Labor, P.O. Box 94040, Baton Rouge, LA 70804-9004, Attention: Karen Reiners Winfrey, Assistant Secretary, Office of Workers' Compensation Administration. Written comments must be submitted and received by the department within 10 days from the date of this notice. A request pursuant to R. S. 49:953(A)(2) for oral presentation, argument or public hearing must be made in writing and received by the department within 20 days of the date of this notice.

John Warner Smith
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Medical Reimbursement Schedule

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Implementation cost to produce the revised medical reimbursement current procedural terminology (CPT) codes for year 2005 is $9,500. No additional costs (or savings) to the state or local governmental units are anticipated.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no direct effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The updated CPT codes for the medical reimbursement schedule will provide a mechanism for health care providers to bill and receive appropriate reimbursement for the medical procedures provided to injured workers. The precise economic benefit is not ascertainable.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no effect on competition and employment. The updated and revised procedure codes are designed to provide maximum allowable reimbursement to health care providers for services provided to injured employees. The impact is not directly felt on employment or competition.

Karen R. Winfrey	Robert E. Hosse
Assistant Secretary	General Government Section Director
0501#062	Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Gaming Control Board

Electronic Gaming Devices
(LAC 42:VII.2325, 2723, 4204, 4209, 4214, 4215; IX.2723, 4103, 4204, 4209, 4214, 4215; and XIII.2325, 2723, 4204, 4209, 4214, and 4215)

Editor's Note: This Notice of Intent, originally published in the August 2004 issue of the *Louisiana Register*, is being republished in this January 2005 issue.

The Louisiana Gaming Control Board hereby gives notice that it intends to amend LAC 42:VII.2325, 2723, 4204, 4209, 4214, 4215; IX.2723, 4103, 4204, 4209, 4214, 4215; and XIII.2325, 2723, 4204, 4209, 4214, and 4215 in accordance with R.S. 27:15 and 24, and the Administrative Procedure Act, R.S. 49:950 et seq.

Title 42
LOUISIANA GAMING
Part VII. Pari-Mutuel Live Racing Facility Slot Machine Gaming
Chapter 23. Compliance, Inspections and Investigations
§2325. Imposition of Sanctions

A. - D. ...

E. Penalty Schedule

Section Reference	Description	Base Fine	Proscriptive Period (Months)
* * *			
Chapter 42. Electronic Gaming Devices			
* * *			
4215	Analysis of Questioned Electronic Gaming Devices	$20,000	12
* * *			

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 27:1321 (June 2000), amended LR 27:2255 (December 2001), LR 28:1028 (May 2002), repromulgated LR 28:2371 (November 2002), amended LR 29:362 (March 2003), LR 31:

Chapter 27. Accounting Regulations
§2723. Internal Controls, Slots

A. - M.4. ...

5.a. system meter readings, recorded immediately prior to or subsequent to each slot drop;

b. upon receipt of the system meter reading summary, the accounting department shall review all meter readings for reasonableness using pre-established parameters;

c. system meter readings which do not appear reasonable shall be reviewed with slot department employees, and exceptions documented, so that meters can be repaired or clerical errors in the recording of meter readings can be corrected;

d. system meter readings shall be transferred daily to an off-site secured storage location, approved by the division.

M.6. - P.2. ...

Q. Currency Acceptor Drop and Count Standards

1. - 21. ...

22. Access to all drop boxes regardless of type, full or empty shall be restricted to authorized members of the drop and count teams. In the case of an emergency drop however, including those for maintenance and repairs which require removal of the currency acceptor box, a slot technician, slot supervisor or other employee approved in writing by the division may have access to the drop boxes with a security escort. However, at no time shall the slot technician have access to the drop box contents key or deviate from normal drop procedures. At least one surveillance employee shall monitor the entire emergency drop process.

Q.23 - W.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:751 (April 2000) amended LR:26:2305 (October 2000), LR 31:

Chapter 42. Racetracks: Electronic Gaming Devices
§4204. Progressive Electronic Gaming Devices

A. - C.5. ...

D. Transferring of Progressive Jackpot Which Is In Play

1. A progressive jackpot which is currently in play may be transferred to another progressive EGD on the eligible facility in the event of:

a. ...

b. EGD replacement;

c. the licensee distributes the incremental amount to another progressive jackpot at the licensee's establishment and:

i. the licensee documents the distribution;

ii. any machine offering the jackpot to which the licensee distributes the incremental amount does not require that more money be played on a single play to win the jackpot, than the machine from which the incremental amount is distributed;

iii. any machine offering the jackpot to which the incremental amount is distributed complies with the minimum theoretical payout requirement of §4203.A.2; and

iv. the distribution is completed within 30 days after the progressive jackpot is removed from play or within such longer period as the division may for good cause approve; or

v. the division approves a reduction, elimination, distribution, or procedure not otherwise described in this subsection, which approval is confirmed in writing;

vi. licensees shall preserve the records required by this section for at least five years; or

d. other good reason deemed appropriate by the division or board to ensure compliance with this Chapter.

D.2. - J.1. ...

K. Security of Progressive Controller

1. - 2. ...

3. A slot supervisor or other employee approved in writing by the division shall have access to the progressive controller.

4. Repealed.

L. - M.1. ...

N. Licensee shall not reduce the amount displayed on a progressive jackpot meter or otherwise reduce or eliminate a progressive jackpot unless:

1. - 3. ...

4. the licensee distributes the incremental amount to another progressive jackpot at the licensee's establishment and:

a. - b. ...

c. any machine offering the jackpot to which the incremental amount is distributed complies with the minimum theoretical payout requirement of §4203.A.2; and

N.4.d. - P.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:775 (April 2000), amended LR 31:

§4209. Approval of New Electronic Gaming Devices

A. After completing its evaluation of the new EGD, the division shall determine whether the application for approval of the new EGD should be granted. In considering whether a new EGD will be given final approval, the division shall consider whether approval of the new EGD is consistent with this Chapter. Division approval of an EGD does not constitute certification of the device's safety.

1. - 1.d. ...

2. Testing

a. - i. ...

j. All EGD's offered for play shall be given a house number by the licensee. This house number shall not be altered or changed without prior written approval from the division. The licensee shall issue the house numbers in a systematic manner which provides for easy recognition and location of the device's location. This number shall be a part of the licensee's "On-Line Computer EGD Monitoring System," and shall be displayed, in part, on all on-line system reports. Each EGD shall have its respective house number and location code attached to the device in a manner which allows for easy recognition by division personnel and surveillance cameras.

k. - s.iv. ...

t. Modifications to an EGD's program shall be considered only if the new program has been approved by the designated gaming laboratory, and approved in writing by the division for use in the state of Louisiana.

u. A licensee shall be allowed to test, on a limited basis, newly approved programs. The licensee shall file an EGD 96-01 Form and indicate in Field 21 that the request is for a 90-day trial period.

v - kk …

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:778 (April 2000), amended LR 29:2506 (November 2003), LR 31:

§4214. Maintenance of Electronic Gaming Devices

A. A licensee shall not alter the operation of an approved EGD except as provide otherwise in the board's rules and shall maintain the EGD's as required by this Chapter. Each licensee shall keep a written list of repairs made to the EGD offered for play to the public that require a replacement of parts that affect the game outcome, and any other maintenance activity on the EGD, and shall make the list available for inspection by the division upon request. The written list of repairs shall be logged in the machine M.E.A.L. book which shall be kept in the EGD.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:785 (April 2000), amended LR 31:

§4215. Analysis of Questioned Electronic Gaming Devices

A. If the operation of any EGD is questioned by any licensee, patron or an agent of the division and the question cannot be resolved, the questioned device will be examined in the presence of an agent of the division and a representative of the licensee. If the malfunction can not be cleared by other means to the satisfaction of the division, the patron and the licensee, the EGD will be subjected to a program storage media memory test to verify "signature" comparison by the division. While waiting for the division agent to test the EGD, the EGD will be removed from service and shall not be tampered with by any person until examined by a division agent.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:785 (April 2000), amended LR 31:

Part IX. Landbased Casino Gaming
Subpart 1. Economic Development and Gaming Corporation

Chapter 27. Accounting Regulations

§2723. Internal Controls; Slots

A. - M.4. ...

5.a. system meter readings, recorded immediately prior to or subsequent to each slot drop;

b. upon receipt of the system meter reading summary, the accounting department shall review all meter readings for reasonableness using pre-established parameters;

c. system meter readings which do not appear reasonable shall be reviewed with slot department employees, and exceptions documented, so that meters can be repaired or clerical errors in the recording of meter readings can be corrected;

d. system meter readings shall be transferred daily to an off-site secured storage location, approved by the division.

M.6. - P.2. ...

Q. Currency Acceptor Drop and Count Standards

1. - 21. ...

22. Access to all drop boxes regardless of type, full or empty shall be restricted to authorized members of the drop and count teams. In the case of an emergency drop however, including those for maintenance and repairs which require removal of the currency acceptor box, a slot technician, slot supervisor or other employee approved in writing by the division may have access to the drop boxes with a security escort. However, at no time shall the slot technician have access to the drop box contents key or deviate from normal drop procedures. At least one surveillance employee shall monitor the entire emergency drop process.

Q.23 - W.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:1936 (October 1999), amended LR:26:2305 (October 2000), LR 31:

Chapter 41. Enforcement Actions

§4103. Enforcement Actions of the Board

A. - B. ...

C. Penalty Schedule

Penalty Schedule			
Section Reference	**Description**	**Base Fine**	**Proscriptive Period (Months)**
* * *			
Chapter 42. Electronic Gaming Devices			
* * *			
4215	Analysis of Questioned Electronic Gaming Devices	$20,000	12
* * *			

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:1974 (October 1999), amended LR 26:2307 (October 2000), LR 27:2255 (December 2001), repromulgated LR 28:344 (February 2002), amended LR 28:1029 (May 2002), LR 29:362 (March 2003), LR 29:2507 (November 2003), LR 31:

Chapter 42. Electronic Gaming Devices

§4204. Progressive Electronic Gaming Devices

A. - C.5. …

D. Transferring of progressive jackpot which is in play:

1. A progressive jackpot which is currently in play may be transferred to another progressive EGD in the casino in the event of:

a. ...

b. EGD replacement;

c. the licensee distributes the incremental amount to another progressive jackpot at the licensee's establishment and:

i. the casino operator or casino manager documents the distribution;

ii. any machine offering the jackpot to which the casino operator or casino manager distributes the incremental amount does not require that more money be played on a single play to win the jackpot, than the machine from which the incremental amount is distributed;

iii. any machine offering the jackpot to which the incremental amount is distributed complies with the minimum theoretical payout requirement of §4203.A.2; and

iv. the distribution is completed within 30 days after the progressive jackpot is removed from play or within such longer period as the division may for good cause approve; or

v. the division approves a reduction, elimination, distribution, or procedure not otherwise described in this subsection, which approval is confirmed in writing;

vi. licensees shall preserve the records required by this section for at least five years; or

d.. other good reason deemed appropriate by the division to ensure compliance with this LAC 42:IX.Chapter 42.

D.2. - J.1. ...

K. Security of Progressive Controller

1. - 2. ...

3. A slot supervisor or other employee approved in writing by the division shall have access to the progressive controller.

4. Repealed.

L. - M.1. ...

N. The casino operator or casino manager shall not reduce the amount displayed on a progressive jackpot meter or otherwise eliminate a progressive jackpot unless:

1. - 3. ...

4. the casino operator or casino manager distributes the incremental amount to another progressive jackpot at the casino operator or casino manager's establishment and:

a. - b. ...

c. any machine offering the jackpot to which the incremental amount is distributed complies with the minimum theoretical payout requirement of §4203.A.2; and

N.4.d. - P.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:2311 (October 2000), amended LR 31:

§4209. Approval of New Electronic Gaming Devices

A. After completing its evaluation of the new EGD, the division shall determine whether the application for approval of the new EGD should be granted. In considering whether a new EGD will be given final approval, the division shall consider whether approval of the new EGD is consistent with this Chapter. Division approval of an EGD does not constitute certification of the device's safety.

1. - 1.d. ...

2. Testing

a. - i. ...

j. All EGD's offered for play shall be given a "house number" by the casino operator or casino manager. This house number shall not be altered or changed without prior written approval from the division. The casino operator or casino manager shall issue the "house numbers" in a systematic manner which provides for easy recognition and location of the device's location. This number shall be a part of the casino operator or casino manager's "on-line computer EGD monitoring system," and shall be displayed, in part, on all on line system reports. Each EGD shall have its respective house number and location code attached to the device in a manner which allows for easy recognition by division personnel and surveillance cameras.

k. - s.iv. ...

t. Modifications to an EGD's program shall be considered only if the new program has been approved by the designated gaming laboratory, and approved in writing by the division for use in the state of Louisiana.

u. A casino operator or casino manager shall be allowed to test, on a limited basis, newly approved programs. The casino operator or casino manager shall file an EGD 96-01 form and indicate in Field 21 that the request is for a 90 day trial period.

v. - jj.i. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:2314 (October 2000), amended LR 29:3507 (November 2003), LR 31:

§4214. Maintenance of Electronic Gaming Device

A. The casino operator or casino manager shall not alter the operation of an approved EGD except as provided otherwise in the board's rules and regulations and shall maintain the EGD's as required in this Chapter. The casino operator or casino manager shall keep a written list of repairs made to the EGD offered for play to the public that require a replacement of parts that affect the game outcome, and any other maintenance activity on the EGD, and shall make the list available for inspection by the division upon request. The written list of repairs shall be logged in the machine M.E.A.L. book which shall be kept in the EGD.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:2320 (October 2000), amended LR 31:

§4215. Analysis of Questioned Electronic Gaming Devices

A. If the operation of any EGD is questioned by any casino operator or casino manager, patron or an agent of the division and the question cannot be resolved, the questioned device shall be examined in the presence of an agent of the division and a representative of the casino operator or casino manager. If the malfunction can not be cleared by other means to the satisfaction of the division, the patron or the casino operator or casino manager, the EGD shall be disabled and be subjected to a program storage media memory test to verify signature comparison by the division. While waiting for the division agent to test the EGD, the EGD will be removed from service and shall not be tampered with by any person until examined by a division agent. Upon successful verification of the signature of the program storage media, and all malfunctions resolved, the EGD in question may be enabled for patron play.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:2320 (October 2000), amended LR 31:

Part XIII. Riverboat Gaming

Subpart 2. State Police Riverboat Gaming Division

Chapter 23. Compliance, Inspections and Investigations

§2325. Imposition of Sanctions

A. - D. ...

E. Penalty Schedule

Section Reference	Description	Base Fine	Proscriptive Period (Months)
* * *			
Chapter 42. Electronic Gaming Devices			
* * *			
4215	Analysis of Questioned Electronic Gaming Devices	$20,000	12
* * *			

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, Riverboat Gaming Enforcement Division, LR 21:702 (July 1995), amended by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:1318 (June 2000), LR 27:2255 (December 2001), LR 28:1029 (May 2002), LR 29:363 (March 2003), LR 31:

Chapter 27. Accounting Regulations

§2723. Internal Controls; Slots

A. - M.4. ...

5.a. system meter readings, recorded immediately prior to or subsequent to each slot drop;

b. upon receipt of the system meter reading summary, the accounting department shall review all meter readings for reasonableness using pre-established parameters;

c. system meter readings which do not appear reasonable shall be reviewed with slot department employees, and exceptions documented, so that meters can be repaired or clerical errors in the recording of meter readings can be corrected;

d. system meter readings shall be transferred daily to an off-site secured storage location, approved by the division.

M.6. - P.2. ...

Q. Currency Acceptor Drop and Count Standards

1. - 21. ...

22. Access to all drop boxes regardless of type, full or empty shall be restricted to authorized members of the drop and count teams. In the case of an emergency drop however, including those for maintenance and repairs which require removal of the currency acceptor box, a slot technician, slot supervisor or other employee approved in writing by the division may have access to the drop boxes with a security escort. However, at no time shall the slot technician have access to the drop box contents key or deviate from normal drop procedures. At least one surveillance employee shall monitor the entire emergency drop process.

Q.23. - W.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, Riverboat Gaming Enforcement Division, LR 21:702 (July 1995), amended by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:2243 (November 1999), LR 26:2306 (October 2000), LR 31:

Chapter 42. Electronic Gaming Devices

§4204. Progressive Electronic Gaming Devices

A. - C.5. ...

D. Transferring of Progressive Jackpot Which Is in Play

1. A progressive jackpot which is currently in play may be transferred to another progressive EGD on the riverboat in the event of :

a. ...

b. EGD replacement;

c. the licensee distributes the incremental amount to another progressive jackpot at the licensee's establishment and:

i. the licensee documents the distribution;

ii. any machine offering the jackpot to which the licensee distributes the incremental amount does not require that more money be played on a single play to win the jackpot, than the machine from which the incremental amount is distributed;

iii. any machine offering the jackpot to which the incremental amount is distributed complies with the minimum theoretical payout requirement of §4203.A.2; and

iv. the distribution is completed within 30 days after the progressive jackpot is removed from play or within such longer period as the division may for good cause approve; or

v. the division approves a reduction, elimination, distribution, or procedure not otherwise described in this subsection, which approval is confirmed in writing;

vi. licensees shall preserve the records required by this Section for at least five years; or

d. other good reason deemed appropriate by the division to ensure compliance with this LAC 42:XIII.Chapter 42.

D.2. -J.1. ...

K. Security of Progressive Controller

1. - 2. ...

3. A slot supervisor or other employee approved in writing by the division shall have access to the progressive controller.

4. Repealed.

L. - M.1. ...

N. Licensee shall not reduce the amount displayed on a progressive jackpot meter or otherwise reduce or eliminate a progressive jackpot unless:

1. - 3. ...

4. the licensee distributes the incremental amount to another progressive jackpot at the licensee's establishment and:

a. - c. ...

d. any machine offering the jackpot to which the incremental amount is distributed complies with the minimum theoretical payout requirement of §4203.A.2; and

N.4.e. - P.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:718 (April 2000), amended LR 31:

§4209. Approval of New Electronic Gaming Devices

A. After completing its evaluation of the new EGD, the division/board shall determine whether the application for approval of the new EGD should be granted. In considering whether a new EGD will be given final approval, the division/board shall consider whether approval of the new EGD is consistent with LAC 42:XIII.Chapter 42. division/board approval of a EGD does not constitute certification of the device's safety.

1. - 9. ...

10. All EGD's offered for play shall be given a "House Number" by the licensee. This house number shall not be altered or changed without prior written approval from the division. The licensee shall issue the "House Numbers" in a systematic manner which provides for easy recognition and location of the device's location. This number shall be a part of the licensee's "On-Line Computer EGD Monitoring System," and shall be displayed, in part, on all on-line system reports. Each EGD shall have its respective house number and location code attached to the device in a manner which allows for easy recognition by division personnel and surveillance cameras.

11 - 19. ...

20. Modifications to an EGD's program shall be considered only if the new program has been approved by the designated gaming laboratory, and approved in writing by the division for use in the state of Louisiana.

21. A licensee shall be allowed to test, on a limited basis, newly approved programs. The licensee shall file an EGD 96-01 Form and indicate in Field 21 that the request is for a 90-day trial period.

22. - 36.a. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:721 (April 2000), amended LR 29:2508 (November 2003), LR 31:

§4214. Maintenance of Electronic Gaming Devices

A. A licensee shall not alter the operation of an approved EGD except as provide otherwise in the division/board's rules and shall maintain the EGD's as required in LAC 42:XIII.Chapter 42. Each licensee shall keep a written list of repairs made to the EGD offered for play to the public that require a replacement of parts that affect the game outcome, and any other maintenance activity on the EGD, and shall

make the list available for inspection by the division upon request. The written list of repairs shall be logged in the machine M.E.A.L. book which shall be kept in the EGD.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:727 (April 2000), amended LR 31:

§4215. Analysis of Questioned Electronic Gaming Devices

A. If the operation of any EGD is questioned by any licensee, patron or an agent of the division/board and the question cannot be resolved, the questioned device shall be examined in the presence of an agent of the division and a representative of the licensee. If the malfunction can not be cleared by other means to the satisfaction of the division/board, the patron or the licensee, the EGD shall be disabled and be subjected to a program storage media memory test to verify "signature" comparison by the division. While waiting for the division agent to test the EGD, the EGD will be removed from service and shall not be tampered with by any person until examined by a division agent. Upon successful verification of the signature of the program storage media and all malfunctions resolved, the EGD in question may be enabled for patron play.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:727 (April 2000), amended LR 31:

Family Impact Statement

Pursuant to the provisions of R.S. 49:953(A), the Louisiana Gaming Control Board through its chairman, has considered the potential family impact of amending LAC 42:VII.2325, 2723, 4204, 4209, 4214, 4215; IX.2723, 4103, 4204, 4209, 4214, 4215; and XIII.2325, 2723, 4204, 4209, 4214, 4215.

It is accordingly concluded that amending LAC 42:VII.2325, 2723, 4204, 4209, 4214, 4215; IX.2723, 4103, 4204, 4209, 4214, 4215; and XIII.2325, 2723, 4204, 4209, 4214, 4215 would appear to have a positive yet inestimable impact on the following:

1. the effect on stability of the family;
2. the effect on the authority and rights of parents regarding the education an supervision of their children;
3. the effect on the functioning of the family;
4. the effect on family earnings and family budget;
5. the effect on the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed Rule.

All interested persons may contact Tom Warner, Attorney General's Gaming Division, telephone (225) 326-6500, and may submit comments relative to this proposed Rule, through February 9, 2005, to 1885 North Third Street, Suite 500, Baton Rouge, LA 70802.

H. Charles Gaudin
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Electronic Gaming Devices

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no implementation costs to state or local government units estimated.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no determinable effect on revenue collections of state or local government units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

No significant costs and/or economic benefit to directly affected persons or non-governmental groups is estimated, except that amendments to VII, IX and XIII.2723M. will result in estimated cost savings to the industry in the approximate amount of $209,000 per year.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No significant effect on competition or employment is estimated.

H. Charles Gaudin	Robert E. Hosse
Chairman	General Government Section Director
0501#010	Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Office of State Police

Ignition Interlock Devices (LAC 55:I.615)

In accordance with the provisions of R.S. 15:306 et seq. and 32:378.2 et seq., relative to the authority of the Office of State Police to promulgate and enforce rules, the Office of State Police hereby proposes to amend the following Rule in order to clarify and redefine the monitoring requirements of ignition interlock devices.

Title 55
PUBLIC SAFETY
Part 1. State Police
Chapter 6. Ignition Interlock Devices
§615. Installation and Inspection

A. Pursuant to the requirements of R.S. 32:378.2(H) and R.S. 15:306(C), all approved ignition interlock devices installed shall be monitored directly by trained technicians at least every 67 days, or at such other interval required by the court. The direct monitoring by trained technicians shall include on site physical inspection of the device, the vehicle, and the wiring between the two to determine if there has been an attempted tampering and/or circumvention of the device. Any physical signs of tampering and/or circumvention shall be photographed and documented in writing by the manufacturer or his designated representative. Evidence of tampering/circumvention shall be reported by the manufacturer or his representative to the department and to the appropriate court within 48 hours of detection. All data downloaded from the device evidencing the driver's

violation of state law, the department's regulations, or the appropriate court's orders shall be reported by the manufacturer to the appropriate court and to the department within 14 days of discovery.

B. Monitoring shall also include physical re-calibration of the device and downloading of all events contained in the device's memory. These events shall be printed in a summary fashion and maintained in the applicable probationary driver's file.

C. The manufacturer may allow the devices to lock out the probationary driver and may terminate monitoring in the event of the driver's failure to pay monitoring fees.

AUTHORITY NOTE: Promulgated in accordance with 57 FR, No. 67, 49 FR 48854, R.S. 15:306, R.S. 15:307.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Public Safety Services, Office of State Police, LR 19:783 (June 1993), amended by the Department of Public Safety and Corrections, Office of State Police, LR 31:

Family Impact Statement

1. The Effect of These Rules on the Stability of the Family. These Rules will have no effect on the stability of the family.

2. The Effect of These Rules on the Authority and Rights of Parents Regarding the Education and Supervision of Their Children. These Rules will have no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect of These Rules on the Functioning of the Family. These Rules will have no effect on the functioning of the family.

4. The Effect of These Rules on Family Earnings and Family Budget. These Rules will have no effect on family earning and family budget.

5. The Effect of These Rules on the Behavior and Personal Responsibility of Children. These Rules will have no effect on the behavior and personal responsibility of children.

6. The Effect of These Rules on the Ability of the Family or Local Government to Perform the Function as Contained in the Proposed Rules. These Rules will have no effect on the ability of the family or local government to perform the function as contained in the proposed Rules.

Interested persons may submit written comments on these proposed amendments to Sgt. Terry Chustz, 7901 Independence Boulevard, Baton Rouge, LA 70808. Comments will be accepted through close of business February 15, 2005.

Stephen Hymel
Undersecretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Ignition Interlock Devices

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This change in agency rule, which changes the monitoring requirements of ignition interlock devices, will not result in any increased costs or savings to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule will have no effect on revenue collections of state or local governmental units as the fees for monitoring are paid to private manufacturing companies.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Drivers required by a court to utilize an ignition interlock device may have a fee change because manufacturers will be able to charge a fee less than, more than or equal to the fee listed in the previous rule. All manufacturers will be required to employ technicians in Louisiana who can do the on-site inspections. This on-site inspection requirement may lead to an increase in expenditures if out of state manufacturers have to set up an inspection site in Louisiana.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

All manufacturers will be required to employ technicians in Louisiana who can do the on-site inspections. This on-site inspection requirement may lead to an increase in jobs if out of state companies set up an inspection site in Louisiana. The on-site inspection requirement may lead to problems in competition for those out of state companies who will have to spend money to set up or contract for an in-state inspection site. The additional expense may lead to some out of state manufacturers withdrawing their services from the Louisiana market.

Stephen J. Hymel	H. Gordon Monk
Undersecretary	Staff Director
0501#058	Legislative Fiscal Office

NOTICE OF INTENT

Department of Social Services
Office of Family Support

SES Judicial Suspension of Licenses
(LAC 67.III.2527, 2540, and 2545)

The Department of Social Services, Office of Family Support, Support Enforcement Services proposes to amend the Louisiana Administrative Code, Title 67, Part III, Subpart 4, Support Enforcement Services (SES), the Support Enforcement Program.

Pursuant to R.S. 9:315.30 through 9:315.40 et seq., the agency intends to amend the procedure for suspension of license(s) for nonpayment of child support. Support Enforcement Services pursues judicial and administrative suspension of licenses for noncompliance with a child support order and a pattern of nonpayment of support. This Rule proposes to amend license suspension criteria by clarifying noncompliance with a court order and reducing the judicial six-month arrearage time period to 90 days in order to align judicial and administrative license suspension requirements. It also adopts the term non-custodial parent in lieu of absent parent.

Additionally, language is being amended to reflect federal regulations that mandate IV-D agencies to secure and enforce medical support where appropriate in child support enforcement cases through the use of the national medical support notice. The national medical support notice replaces the Employer's Notice to Enroll.

Title 67
SOCIAL SERVICES
Part III. Family Support
Subpart 4. Support Enforcement Services
Chapter 25. Support Enforcement
Subchapter H. Medical Support Activities
§2527. Securing and Enforcing Medical Support Obligation

A. Support Enforcement Services shall secure medical support information and enforce medical support through the use of the national medical support notice.

B. Unless the custodial parent and child(ren) have satisfactory health insurance other than Medicaid, IV-D shall petition the court to include health insurance that is available to the non-custodial parent at reasonable cost in new or modified orders for support. Health insurance is considered reasonable in cost if it is employment related or some other group health insurance. A medical support order shall be obtained whether or not health insurance is actually available to the non-custodial parent at the time the order is entered, or modification of current coverage to include the child(ren) in question is immediately possible.

C. The IV-D agency will take steps to enforce the medical support order if health insurance is available to the non-custodial parent at reasonable cost but has not been secured at the time the order is issued.

D. SES may enforce court-ordered medical support by means of income assignment in cases where the court has ordered a specific dollar amount for medical care.

E. ...

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 303.31 and 303.32 R.S. 46:236.1.2(A)(5), 46:236.3, Ch.C. Art.1305.1 et seq., 46:236.8.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 12:245 (April 1986) amended by the Department of Social Services, Office of Family Support, LR 22:118 (February 1996), LR 31:

Subchapter L. Enforcement of Support Obligations
§2540. Judicial Suspension of License(s) for Nonpayment of Child Support

A. The agency may, under certain circumstances, petition the courts for an order to suspend the license(s) of an individual who is not in compliance with an order for support. The criteria for referral are as follows:

1. - 2. ...

3. the non-custodial parent is at least 90 days in arrears and not complying with a court order to make periodic payments.

B. The court on its own motion or upon motion of an obligee or the department shall issue an order of suspension of a license or licenses of any obligor upon proof of nonpayment evidenced by:

1. failure to pay child support on a regular basis; or

2. remittance of payments of support only after continuous requests or legal action by or on behalf of the obligee; or

3. remittance of the minimal amount of child support owed.

C. The obligor will be given a 30-day advance written notice affording an opportunity to liquidate the arrears or make satisfactory arrangements with the agency prior to the case being referred.

D. In cases in which a non-custodial parent fails to respond to a subpoena or a warrant involving support or paternity matters SES may petition the court to suspend all licenses of the parent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:315.30 through 315.35, P.L. 104-193, R.S. 9:315.36.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 22:118 (February 1996), amended LR 23:748 (June 1997), LR 31:

§2545. Administrative Suspension of Licenses Issued by the State of Louisiana

A. SES may administratively suspend licenses of child support obligors who are not in compliance with an order for support. License suspension will be considered if income assignment is not effective, or if the obligor is not making payments or is making only periodic payments. An obligor shall meet one of the following criteria to be considered for license suspension:

1. delinquent at least 90 days in the payment of support or in making periodic payments on a support arrearage pursuant to a court order or written agreement with the department;

A.2. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:315.40 et seq.; 42 U.S.C. 666.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, Support Enforcement Services, LR 27:2264 (December 2001), amended by the Department of Social Services, Office of Family Support, LR 31:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? This Rule should have no effect on family stability.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? This Rule should have no effect on persons' authority and rights regarding the education and supervision of their family.

3. What effect will this have on the functioning of the family? This Rule will not affect the functioning of the family.

4. What effect will this have on family earnings and family budget? Family earnings and budgeting will not be affected by this Rule.

5. What effect will this have on the behavior and personal responsibility of children? This Rule will not affect the behavior or personal responsibility of children.

6. Is the family or local government able to perform the function as contained in this proposed Rule? No, this program is strictly an agency function.

A public hearing on the proposed Rule will be held on February 24, 2005, at the Department of Social Services, A.Z. Young Building, Second Floor Auditorium, 755 Third Street, Baton Rouge, LA beginning at 9 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the Bureau of Appeals at least seven working days in advance of the hearing. For assistance, call (225) 342-4120 (Voice and TDD).

Interested persons may submit written comments by February 24, 2005, to Adren O. Wilson, Assistant Secretary, Office of Family Support, P.O. Box 94065, Baton Rouge,

LA, 70804-9065. He is the person responsible for responding to inquiries regarding this proposed Rule.

Ann S. Williamson
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: SES Judicial Suspension of Licenses

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The immediate cost of implementing this rule is estimated to be $746 for the cost of publishing the rule.

There are no savings to state or local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This rule will have no effect on revenue collections of State or Local Governmental Units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no anticipated costs or economic benefit to any persons or nongovernmental groups.

The non-custodial parent will be minimally affected by the changes to judicial license suspension criteria since the state is currently pursuing child support arrearage collection through judicial procedure at the end of a 6-month delinquent time period. Reducing the time period to 90 days will have little impact on economic benefits as less than 2 percent of license suspensions are judicial suspensions. Use of the medical support notice will not result in any costs or economic benefits to any individuals or nongovernmental agencies.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule will have no impact on competition and employment

Adren O. Wilson
Assistant Secretary
0501#082

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Treasury
Board of Trustees of the Louisiana
State Employees' Retirement System

DROP Interest (LAC 58.I.2715)

The Department of the Treasury, Board of Trustees of the Louisiana State Employees' Retirement System ("LASERS") proposes to amend LAC 58.I.2715. This amendment sets out the manner of calculating interest paid on traditional DROP accounts and is needed to allow LASERS to timely pay interest on these accounts. This Rule complies with and is enabled by R.S. 11:515. No preamble for this Rule is necessary.

The full text of this proposed Rule may be viewed in the Emergency Rule section of this edition of the *Louisiana Register*.

Family Impact Statement

The proposed amendment of LAC 58.I.2715 concerns the payment of interest on DROP accounts. This regulation should not have any known or foreseeable impact on any family as defined by R.S. 49:972.D or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed rules.

Interested persons may submit written comments on the proposed changes until 4:30 p.m., February 25, 2005, to Steve Stark, Board of Trustees for the Louisiana State Employees' Retirement, P.O. Box 44213, Baton Rouge, LA 70804.

Robert L. Borden
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: DROP Interest

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

No implementation costs to state or loc governmental units are anticipated to result from the implementation of this rule. The proposed rule makes no change in the method of calculating DROP interest.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No effect on revenue collections to state or local governmental units is expected to result from the implementation of this rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

LASERS members participating in traditional DROP will be affected. Since this action is merely a transposing of the calculation of interest for DROP from statute to rule, no costs or benefits are expected to result from this revision of the election rules.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No effect on competition and employment is expected to result from the implementation of these rules.

Robert L. Borden
Executive Director
0501#055

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Treasury
Board of Trustees of the Louisiana
State Employees' Retirement System

Trustee Candidate Nominating Petitions
(LAC 58.I.303 and 503)

The Department of the Treasury, Board of Trustees of the Louisiana State Employees' Retirement System ("LASERS") proposes to amend LAC 58.I.303 and 503. These amendments are needed to protect the privacy of persons signing the nominating petitions of candidates seeking

election to LASERS Board of Trustees. This Rule complies with and is enabled by R.S. 11:515. No preamble for these Rules is necessary.

Title 58
RETIREMENT
Part I. Louisiana State Employees' Retirement System
Chapter 3. Election of Active Member Trustees
§303. Election Rules

A. An active member candidate for a position on the Board of trustees must be an active member of the system with at least 10 years of credited service (excluding any military service credit) as of the second Tuesday in July, the date on which nominations close. The Board of Trustees shall accept the name and Social Security number of every candidate nominated by petition of 25 or more active members of the system and shall place the name of such candidates on the ballot, provided each such candidate meets the requirements for trustee. The petitioning members' signatures must be accompanied by the final four digits of their Social Security numbers. The petition should contain all of the information which the candidate wishes to be included in the election brochure.

B. - J. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:511 and R.S. 11:515.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Board of Trustees of the State Employees' Retirement System, LR 22:373 (May 1996), amended LR 23:996 (August 1997), LR 25:1278 (July 1999), LR 26:2633 (November 2000), LR 31:

Chapter 5. Election of Retired Member Trustees
§503. Election Rules

A. A candidate for a position of retired member trustee on the Board of Trustees must be a retired member of the system who has been on retired status (not including retired status under the Deferred Retirement Option Plan) by the date on which nominations close. The Board of Trustees shall accept the name and Social Security number of every candidate nominated by petition of 25 or more retired members of the system and shall place the name of such candidates on the ballot, provided each such candidate meets the requirements for trustee. The petitioning retired members' signatures must be accompanied by the final four digits of their Social Security numbers. All nominations for the Board of Trustees election must be in the office of the retirement system no later than the second Tuesday in July, close of business (4:30 p.m. Central Daylight Savings Time).

B. - K. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:511 and R.S. 11:515.

HISTORICAL NOTE: Promulgated by the Department of Treasury, Board of Trustees of the State Employees' Retirement System, LR 22:373 (May 1996), amended LR 23:997 (August 1997), LR 25:1278 (July 1999), LR 26:1490 (July 2000), LR 26:2633 (November 2000), LR 31:

Family Impact Statement

The proposed amendments of LAC 58.I.303 and 58.I.503 concern the election of persons, both retired and active, to the Board of Trustees for LASERS. This regulation should not have any known or foreseeable impact on any family as defined by R.S. 49:972.D or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform the function as contained in the proposed rules.

Interested persons may submit written comments on the proposed changes until 4:30 p.m., February 25, 2005, to Steve Stark, Board of Trustees for the Louisiana State Employees' Retirement, P.O. Box 44213, Baton Rouge, LA 70804.

Robert L. Borden
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Trustee Candidate Nominating Petitions

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

No implementation costs to state or local governmental units are anticipated to result from the implementation of these rules. Currently, persons signing petitions nominating candidates for election to the Board of Trustees for the Louisiana State Employees Retirement System ("LASERS") must include their entire Social Security numbers. The proposed rules reduce that requirement to the final four digits of that number.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No effect on revenue collections to state or local governmental units is expected to result from the implementation of these rules.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

LASERS members signing petitions nominating candidates for election to the Board of Trustees will be affected. No costs or benefits are expected to result from this revision of the election rules.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No effect on competition and employment is expected to result from the implementation of these rules.

Robert L. Borden	H. Gordon Monk
Executive Director	Staff Director
0501#056	Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Special Licenses and License Fee Waivers
(LAC 76:I.327-335)

The Wildlife and Fisheries Commission does hereby amend and enact provisions for special licenses and license fee waivers.

Title 76
WILDLIFE AND FISHERIES
Part I. Wildlife and Fisheries Commission and Agencies Thereunder
Chapter 3. Special Powers and Duties
Subchapter H. Electronic Licenses Issuance
§327. Recreational Electronic Licensing

A. - O. …

P. - P.5. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(21), R.S. 56:641.1 and R.S. 56:647.1.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Office of Management and Finance, LR 24:505 (March 1998), amended by Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 26:1078 (May 2000), amended by Department of Wildlife and Fisheries, Office of Management and Finance, LR 27:1243 (August 2001), amended by Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 28:354 (February 2002), LR 28:2570 (December 2002), LR 31:

Subchapter I. Special Licenses and License Fee Waivers
§329. Outdoor Press Licenses

A. In lieu of recreational basic fishing and recreational saltwater fishing license, the secretary may issue a special outdoor press fishing license or a letter of waiver of license fees for fishing to a nonresident member of the outdoor press which will include basic and saltwater fishing. For the purpose of hunting, the secretary may issue a special outdoor press hunting license or a letter of waiver of license fees for hunting to a nonresident member of the outdoor press who meet all other legal requirements to obtain a hunting license. Such waiver may include basic hunting, big game, bow, muzzleloader, turkey, Louisiana duck license and WMA hunting permit.

1. A fee of $20 will be charged for each Outdoor Press Fishing License issued. Each license or letter of waiver to fish under this provision shall be valid for a period of three consecutive days. A fee of $20 will be charged for each outdoor press hunting license. Each license or letter of waiver for hunting shall be valid for a period of three consecutive days. A fee of $20 will be charged for both if purchased for periods that begin on the same date. Be it further provided that the secretary may waive the above referenced fees in accordance with law.

2. Each license or letter of waiver will be issued from the Baton Rouge headquarters location.

3. To qualify for a special outdoor press hunting or fishing license or letter of waiver, an applicant must submit to the Department of Wildlife and Fisheries an original completed application form with a legible photostatic copy of the applicant's driver's license, and proof of membership in a bona fide outdoor press association recognized by the department. Evidence of such status shall be demonstrated to the satisfaction of the secretary. In lieu of membership in a bona fide outdoor press association, the secretary, for good cause shown including but not limited to clippings or tear sheets of articles or broadcast copies of previous work, may waive this requirement. In addition, the applicant shall submit a letter of assignment from the publication, television or radio company.

4. In no case will the secretary approve an application from any individual or group not directly involved in producing stories or broadcast materials pertaining to Louisiana fishing, hunting and/or outdoor recreation opportunities.

5. Only completed applications with all supporting documents and applicable license fees attached, as specified in Paragraph 3 above, shall be considered for approval.

6. The applicant shall be required, upon completion of the assignment, to provide a copy of the final product.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:109 and R.S. 56:647.1.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 31:

§331. Special Disability Fishing and Hunting Licenses

A. In lieu of recreational basic fishing and recreational saltwater fishing licenses the department may issue a special disability fishing license to residents who qualify as *developmentally disabled* as defined in R.S. 28:751; and in lieu of basic hunting, big game hunting, bow, muzzleloader, turkey stamp, and duck hunting licenses, and WMA hunting permit, the department may issue a special disability hunting license to residents who qualify as *developmentally disabled* as defined in R.S. 28:751 and who meet all other legal requirements to obtain a hunting license. Developmentally disabled may include, but is not limited to mental retardation, cerebral palsy, downs syndrome, spina bifida, and multiple sclerosis.

1. Special disability licenses shall be issued annually and will be exempt from license fees.

2. Anyone fishing with a special disability fishing license must be accompanied by a validly licensed fisherman. Anyone hunting with a special disability hunting license must be accompanied by a validly licensed hunter.

3. All special disability fishing and hunting licenses shall be issued from the Baton Rouge headquarters location.

4. To qualify for special disability licenses an applicant must submit to the Department of Wildlife and Fisheries, the following:

a. a valid Louisiana driver's license or identification card issued by the Department of Motor Vehicles;

b. a completed application form for Developmentally Disabled License(s);

c. proof that applicant has resided in Louisiana consecutively for the immediate 12 months prior to making application as required by the department (i.e., resident driver's license of guardian or care giver, voter's registration card, vehicle registration, certification by guardian or care giver, etc.).

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:104, R.S. 56:109 and R.S. 56:302.2.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 31:

§333. Charitable Organizations, Youth Groups and Schools; Fee Waivers

A. In lieu of recreational basic fishing and recreational saltwater fishing licenses the secretary may issue a letter of waiver of fees for fishing to members of bona fide charitable organizations, youth groups or schools. For the purpose of hunting, the secretary may issue a letter of waiver of license fees for hunting to members of bona fide charitable

organizations, youth groups or schools who meet all other legal requirements to obtain a hunting license, which will include basic hunting, big game, bow, muzzleloader, turkey, Louisiana duck license and WMA hunting permit.

B. Evidence of such status shall be demonstrated to the satisfaction of the secretary.

C. Each letter authorizing a waiver of fees under this provision shall be valid for a period not to exceed three consecutive days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:104, R.S. 56:109 and R.S. 56:302.2.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 31:

§335. Conferences; Fee Waivers

A. In lieu of recreational basic fishing and recreational saltwater fishing licenses the secretary may issue a letter of waiver of fees for fishing to registered non-resident participants in conferences hosted by bona fide outdoor press associations recognized by the department.

B. For the purpose of hunting, the secretary may issue a letter of waiver of license fees for hunting to registered non-resident participants in conferences hosted by bona fide outdoor press associations recognized by the department who meet all other legal requirements to obtain a hunting license. Such waiver may include basic hunting, big game, bow, muzzleloader, turkey, Louisiana duck license and WMA hunting permit.

C. Evidence of such status shall be demonstrated to the satisfaction of the secretary.

D. Each letter authorizing a waiver of fees under this provision shall be valid for a period not to exceed three consecutive days. The said three day period shall be at designated times which are during or immediately contiguous to the official dates of the conference.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:104, R.S. 56:109 and R.S. 56:302.2.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 31:

The Secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and final Rule, including but not limited to, the filing of the fiscal and economic impact statements, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Interested persons may submit written comments relative to the proposed Rule to Janis Landry, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA 70898-9000, prior to Thursday, March 3, 2005.

In accordance with Act No. 1183 of 1999, the Department of Wildlife and Fisheries/Wildlife and Fisheries Commission hereby issues its Family Impact Statement in connection with the preceding Notice of Intent. This Notice of Intent will have no impact on the six criteria set out at R.S. 49:972(B).

Wayne J. Sagrera
Vice-Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Special Licenses and License Fee Waivers

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Implementation of the proposed rule will be carried out using existing staff and funding levels. Costs to the state of implementing the proposed action are estimated to be small due to the limited number of anticipated license fee waiver requests. Aside from the slight increase in workload and costs associated with processing a letter of waiver or license document, a $0.75 contractor transaction fee will be incurred for each Special Disability Hunting and Fishing license under the Point of Sale system. Local governmental units will not be impacted.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change will result in a decrease in revenue collections to the state. The actual amount of the decrease is anticipated to be minimal and will depend on the number and type of license fee waivers granted. Revenue collections of local governmental units will not be effected.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule will allow the Secretary of Wildlife and Fisheries to issue a waiver of license fees by letter or license document to non-resident members of the outdoor press, non-resident registered conference participants of certain associations, residents who qualify as developmentally disabled, and bona fide charitable organizations, youth groups, and schools that meet certain qualifying criteria and requirements. Qualifying persons and groups of people who are granted the license fee waiver would directly benefit from the proposed rule by being able to experience recreational wildlife and fisheries related activities without having to purchase a license.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule will have no effect on competition and employment in the public and private sectors.

Janice A. Lansing	Robert E. Hosse
Undersecretary	General Government Section Director
0501#048	Legislative Fiscal Office