

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
W0644	10	60	General medical exam, pre-admission assessment program	T1015	08	082	49	U7		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W0660	10	60	Outpatient physical therapy service(s)	T1015	08	082	49	U7	GP	Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W0661	10	60	Outpatient occupational service(s)	T1015	08	082	49	U7	G0	Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W0662	10	60	Outpatient speech therapy service(s)	T1015	08	082	49	U7	GN	Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W6013	10	9B	Packed cells, per unit	P9021	08	082	49			Red Blood Cells, each unit	per unit	\$30.00	
W6014	10	9B	Platelets, per unit	P9019	08	082	49			Platelets, each unit	1 billable unit = 10 units platelets	\$30.00	
W9067	10	60	Independent Medical Clinic Visit	T1015	08	082	49	U7		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W9067	10	60	Independent Medical Clinic Visit	T1015	08	082	49	TH		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W9416	10	AZ	Peak expiratory flow rate (PERF)	94010	08	082	49	26, TC		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation.	per spirometry	\$15.00 \$6.00-26 \$9.00-TC	
W9564	10	30	Administration of Rho(D) Immune Globulin	90384	08	082	49			Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use	per administration	\$10.00	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
W9564	10	30	Administration of Rho(D) Immune Globulin	90385	08	082	49			Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use	per administration	\$10.00	
W9564	10	30	Administration of Rho(D) Immune Globulin	90386	08	082	49			Rho(D) immune globulin (RhlgIV), human, for intravenous use	per administration	\$10.00	
W9630	10	60	General medical examination	T1015	08	082	49	U7		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W9633	10	60	Comprehensive medical examination by general practitioner when requested by the Department to determine eligibility	T1015	08	082	49	U7		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W9635	10	60	Specialist examination when requested by the Department	T1015	08	082	49	U7		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96408	08	082	49	SG		Chemotherapy administration, intravenous; push technique	per administration	\$7.80 \$776.00-SG	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96410	08	082	49	SG		Chemotherapy administration, intravenous, infusion technique, up to one hour.	per administration	\$48.00 \$776.00-SG	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96412	08	082	49	SG		Chemotherapy administration, intravenous, infusion technique, one to 8 hours, each additional hour	per administration	\$48.00 \$776.00-SG	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96414	08	082	49			Chemotherapy administration, intravenous, infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump.	per administration	\$27.58	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96420	08	082	49			Chemotherapy administration, intra-arterial; push technique	per administration	\$32.00	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96422	08	082	49			Chemotherapy administration, intra-arterial; infusion technique, up to one hour	per administration	\$32.00	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96423	08	082	49			Chemotherapy administration, intra-arterial; infusion technique, one to 8 hours, each additional hour	per administration	\$32.00	
W9640	10	60	Administration of Chemotherapy for malignant disease; perfusion	96425	08	082	49			Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours) requiring the use of a portable or implantable pump	per administration	\$37.01	
W9715	10	60	Physical therapy, two or more modalities and/or two or more procedures; initial 30 minutes	T1015	08	082	49	U7	GP	Clinic visit/encounter, all-inclusive	per visit	\$35.00	
W9871	10	60	General Assistance Exception. Independent/Basic Hospital Clinic Visit	T1015	08	082	49	U7	SC	Clinic visit/encounter, all-inclusive	per visit	\$35.00	
X1101	10	20	Debridement of Ulcer, Foot; initial	11040	08	082	49			Debridement; skin, partial thickness	per session	\$21.50	
X1101	10	20	Debridement of Ulcer, Foot; initial	11041	08	082	49			Debridement, skin, full thickness	per session	\$33.00	
X1101	10	20	Debridement of Ulcer, Foot; initial	11042	08	082	49			Debridement; skin, subcutaneous tissue	per session	\$33.00	
X1101	10	20	Debridement of Ulcer, Foot; initial	11043	08	082	49			Debridement; skin, subcutaneous tissue and muscle	per session	\$33.00	
X1101	10	20	Debridement of Ulcer, Foot; initial	11044	08	082	49			Debridement; skin, subcutaneous tissue, muscle and bone	per session	\$33.00	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
X1102	10	20	Debridement of Ulcer, Foot; subsequent	11000	08	082	49			Debridement of extensive eczematous or infected skin; up to 10% of body surface	per session	\$33.00	
X1102	10	20	Debridement of Ulcer, Foot; subsequent	11001	08	082	49			Debridement of extensive eczematous or infected skin; each additional 10% of the body surface	per session	\$33.00	
X1166	10	20	Debridement of hypertrophic nails; initial, multiple	11720	08	082	49			Debridement of nail(s) by any method(s); one to five	per visit	\$20.00	
X1166	10	20	Debridement of hypertrophic nails; initial, multiple	11721	08	082	49			Debridement of nail(s) by any method(s); six or more	per visit	\$20.00	
X1167	10	20	Debridement of hypertrophic nails; subsequent, multiple	11720	08	082	49			Debridement of nail(s) by any method(s); one to five	per visit	\$20.00	
X1167	10	20	Debridement of hypertrophic nails; subsequent, multiple	11721	08	082	49			Debridement of nail(s) by any method(s); six or more	per visit	\$20.00	
X1172	10	20	Avulsion of nail, partial, one nail	11730	08	082	49		T1, T2, T3, T4, T5, T6, T7, T8, T9, TA F1, F2, F3, F4, F5, F6, F7, F8, F9, FA	Avulsion of nail plate, partial or complete, simple; single	per avulsion	\$25.75	
X1172	10	20	Avulsion of nail, partial, one nail	11732	08	082	49		T1, T2, T3, T4, T5, T6, T7, T8, T9, TA F1, F2, F3, F4, F5, F6, F7, F8, F9, FA	Avulsion of nail plate, partial or complete, simple; single; each additional nail plate	per avulsion	\$25.75	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
X1177	10	20	Excision of nail and nail matrix; complete, one nail	11750	08	082	49		T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA	Excision of nail and nail matrix, partial or complete. (eg, ingrown or deformed nail) for permanent removal;	per excision	\$100.00	
X1720	10	20	Plantar verruca or verrucae, removal by any method except excision, such as supperficial cutting or paring, chemotherapy, etc; subsequent treatment	17000	08	082	49			Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion	per destruction	\$20.00	
X1720	10	20	Plantar verruca or verrucae, removal by any method except excision, such as supperficial cutting or paring, chemotherapy, etc; subsequent treatment	17003	08	082	49			Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (list eparately in addition to code for first lesion)	per destruction	\$47.00	
X1720	10	20	Plantar verruca or verrucae, removal by any method except excision, such as supperficial cutting or paring, chemotherapy, etc; subsequent treatment	17004	08	082	49			Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	per destruction	\$132.38	
X5741	10	25	Gynecological examination- asymptomatic patient	T1015	08	082	49	U7		Clinic visit/encounter, all-inclusive	per visit	\$35.00	
X5746	10	AR	Intensive Colposcopic examination with biopsy and/or excision of lesion(s)	57421	08	082	49		FP	Colposcopy of the entire vagina, with cervix if present; with biopsy(s)	per exam	\$126.00	
X5746	10	AR	Intensive Colposcopic examination with biopsy and/or excision of lesion(s)	57454	08	082	49		FP	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	per exam	\$69.00	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
X5746	10	AR	Intensive Colposcopic examination with biopsy and/or excision of lesion(s)	57455	08	082	49		FP	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	per exam	\$126.00	
X5746	10	AR	Intensive Colposcopic examination with biopsy and/or excision of lesion(s)	57456	08	082	49		FP	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	per exam	\$126.00	
X5746	10	AR	Intensive Colposcopic examination with biopsy and/or excision of lesion(s)	57460	08	082	49		FP	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	per exam	\$184.49	
X5746	10	AR	Intensive Colposcopic examination with biopsy and/or excision of lesion(s)	57461	08	082	49		FP	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	per exam	\$251.94	
Y7030	10	RD	Radiology Diagnostic, Both Mandible and Temporomandibular joints, Panoramic Views	70330	08	082	49	26, TC		Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	per exam	\$27.50 \$11.00-26 \$16.50-TC	
Y7100	10	RD	Radiologic examination, chest, two views, posteroanterior and lateral, routine service, asymptomatic patient	71020	08	082	49	26, TC		Radiologic examination, chest, two views, frontal and lateral	per exam	\$30.00 \$15.00 - 26 \$15.00 - TC	
Y7101	10	RD	Radiologic examination, chest, two views, frontal and lateral; three views	71020	08	082	49	26, TC		Radiologic examination, chest, two views, frontal and lateral	per exam	\$30.00 \$15.00 - 26 \$15.00 - TC	
Y7200	10	RD	Radiologic examination, spine; scoliosis study, complete, minimum of four views	72090	08	082	49	26, TC		Radiologic examination, spine; scoliosis study, including supine and erect studies	per exam	\$35.00 \$14.00-26 \$21.00-TC	
Y7202	10	RD	Radiologic examination, spine, three views, any level	72040	08	082	49	26, TC		Radiologic examination, spine, cervical; two or three views	per exam	\$26.50 \$10.00-26 \$16.50-TC	
Y7202	10	RD	Radiologic examination, spine, three views, any level	72050	08	082	49	26, TC		Radiologic examination, spine, cervical; minimum of four views	per exam	\$44.00 \$17.50-26 \$26.50-TC	
Y7202	10	RD	Radiologic examination, spine, three views, any level	72072	08	082	49	26, TC		Radiologic examination, spine, thoracic, three views	per exam	\$36.50 \$15.00-26 21.50-TC	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
Y7202	10	RD	Radiologic examination, spine, three views, any level	72074	08	082	49	26, TC		Radiologic examination, spine, thoracic, minimum of four views	per exam	\$36.50 \$15.00-26 \$21.50-TC	
Y7202	10	RD	Radiologic examination, spine, three views, any level	72100	08	082	49	26, TC		Radiologic examination, spine, lumbosacral, two or three views	per exam	\$37.50 \$15.00-26 22.50-TC	
Y7202	10	RD	Radiologic examination, spine, three views, any level	72110	08	082	49	26, TC		Radiologic examination, spine, lumbosacral, minimum of four views	per exam	\$37.50 \$15.00-26 \$22.50-TC	
Y7202	10	RD	Radiologic examination, spine, three views, any level	72120	08	082	49	26, TC		Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	per exam	\$35.00 \$14.00-26 \$21.00-TC	
Y7211	10	RD	Radiology diagnostic, lumbal spine and pelvis; complete lumbal spine with anteroposterior view of pelvis	72010	08	082	49	26, TC		Radiologic examination, spine, entire, survey study, anteroposterior and lateral	per exam	\$64.00 \$26.50-26 \$37.50-TC	
Y7308	10	RD	Radiologic examination, elbow, comprehensive, minimum of five views	73080	08	082	49	26, TC	RT, LT, 50	Radiologic examination, elbow; complete, minimum of three views	per exam	\$19.00 \$7.50-26 \$11.50-TC	
Y7310	10	RD	Radiologic examination, wrist; comprehensive, minimum of five views	73110	08	082	49	26, TC	RT, LT, 50	Radiologic examination, wrist; complete, minimum of three views	per exam	\$19.00 \$7.50-26 \$11.50-TC	
Y7311	10	RD	Radiology diagnostic, hand and wrist; limited, fewer than three views	73100	08	082	49	26, TC	RT, LT, 50	Radiologic examination, wrist; two views	per exam	\$17.50 \$7.50-26 \$10.00-TC	
Y7311	10	RD	Radiology diagnostic, hand and wrist; limited, fewer than three views	73120	08	082	49	26, TC	RT, LT, 50	Radiologic examination, hand; two views	per exam	\$17.50 \$7.50-26 \$10.00-TC	
Y7312	10	RD	Radiology Diagnostic, Hand and Wrist: Complete, Minimum of Three Views	73110	08	082	49	26, TC	RT, LT, 50	Radiologic examination, wrist; complete, minimum of three views	per exam	\$19.00 \$7.50-26 \$11.50-TC	
Y7312	10	RD	Radiology Diagnostic, Hand and Wrist: Complete, Minimum of Three Views	73130	08	082	49	26, TC	RT, LT, 50	Radiologic examination, hand; minimum of three views	per exam	\$19.00 \$7.50-26 \$11.50-TC	

**Independent Medical-Surgical Clinic Services
Local to National Procedure Code Cross Walk**

March 1, 2006

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Definition	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Comments
Y7324	10	RD	Magnetic Resonance Imaging (EG, PROTON), any joint of upper extremity; with contrast material	73222	08	082	49	26, TC	RT, LT, 50	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	per exam	\$512.92 \$205.17-26 \$307.75-TC	
Y7360	10	RD	Radiologic examination, ankle; comprehensive, minimum of five views	73610	08	082	49	26, TC	RT, LT, 50	Radiologic examination, ankle, complete, minimum of 3 views	per exam	\$35.00 \$14.00-26 \$21.00-TC	
Y7600	10	RD	Extended room time with periodic fluoroscopy (radiological guidance), per 30 minutes	76001	08	082	49	26, TC		Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	per description	\$27.50 \$11.00-26 \$16.50-TC	