

**Acute Care General Hospitals and Hospital Based Medical Clinics
Local to National Procedure Code Cross Walk**

July 17, 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 | 11 | 60 | General medical exam, pre -admission assessment program | T1015 | 01 | 010, 183 | 22 | U7 | | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W0663 | 11 | 60 | Outpatient hospital physical therapy service(s) | T1015 | 01 | 010, 183 | 22 | U8 | GP | Clinic visit/encounter, all-inclusive | per visit | \$40.00 | |
| W0664 | 11 | 60 | Outpatient hospital occupational therapy service(s) | T1015 | 01 | 010, 183 | 22 | U8 | G0 | Clinic visit/encounter, all-inclusive | per visit | \$40.00 | |
| W0665 | 11 | 60 | Outpatient hospital speech therapy service(s) | T1015 | 01 | 010, 183 | 22 | U8 | GN | Clinic visit/encounter, all-inclusive | per visit | \$40.00 | |
| W0666 | 11 | 60 | Outpatient hospital physical therapy service(s) | T1015 | 01 | 010, 183 | 22 | U7 | GP | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W0667 | 11 | 60 | Outpatient hospital occupational therapy service(s) | T1015 | 01 | 010, 183 | 22 | U7 | G0 | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W0668 | 11 | 60 | Outpatient hospital speech therapy service(s) | T1015 | 01 | 010, 183 | 22 | U7 | GN | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W6013 | 11 | 9B | Packed cells, per unit | P9021 | 01 | 010, 183 | 22 | | | Red Blood Cells, each unit | per unit | \$30.00 | |
| W6013 | 11 | 9B | Packed cells, per unit | P9021 | 01 | 016, 017 | 23 | | | Red Blood Cells, each unit | per unit | \$30.00 | |
| W6014 | 11 | 9B | Platelets, per unit | P9019 | 01 | 010, 183 | 22 | | | Platelets, each unit | 1 billable unit = 10 units platelets | \$30.00 | |
| W6014 | 11 | 9B | Platelets, per unit | P9019 | 01 | 016, 017 | 23 | | | Platelets, each unit | 1 billable unit = 10 units platelets | \$30.00 | |

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| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99281 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$21.00 | |
| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99281 | 01 | 016, 017 | 23 | U5 | O6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$21.00 | |
| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99282 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$35.00 | |

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| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99282 | 01 | 016, 017 | 23 | U5 | Q6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$35.00 | |
| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99283 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | per visit | \$79.00 | |
| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99284 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | per visit | \$123.00 | |

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| W9045 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Non-Emergency Services (Enrollment Approval Required) | 99285 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate threat to life or physiologic function. | per visit | \$193.00 | |
| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99281 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$16.00 | |
| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99281 | 01 | 016, 017 | 23 | U4 | Q6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$16.00 | |

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| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99282 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$30.00 | |
| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99282 | 01 | 016, 017 | 23 | U4 | Q6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$30.00 | |
| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99283 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | per visit | \$74.00 | |

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| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99284 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | per visit | \$118.00 | |
| W9046 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Non-Emergency Services | 99285 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate threat to life or physiologic function. | per visit | \$188.00 | |
| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99281 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$21.00 | |

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| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99281 | 01 | 016, 017 | 23 | U5 | Q6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$21.00 | |
| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99282 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$35.00 | |
| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99282 | 01 | 016, 017 | 23 | U5 | Q6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$35.00 | |

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| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99283 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | per visit | \$79.00 | |
| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99284 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | per visit | \$123.00 | |
| W9047 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Special Emergency Services (Enrollment Approval Required) | 99285 | 01 | 016, 017 | 23 | U5 | | Emergency department visit for the evaluation and management of a patient, which requires these three components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate threat to life or physiologic function. | per visit | \$193.00 | |

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| W9048 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Emergency Services | 99281 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$16.00 | |
| W9048 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Emergency Services | 99281 | 01 | 016, 017 | 23 | U4 | O6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. | per visit | \$16.00 | |
| W9048 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Emergency Services | 99282 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$30.00 | |

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| W9048 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Emergency Services | 99282 | 01 | 016, 017 | 23 | U4 | Q6 | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. | per visit | \$30.00 | |
| W9048 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Emergency Services | 99283 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. | per visit | \$74.00 | |
| W9048 | 11 | 20, 25, 30, 60, 70 | ER Support Services, Basic, Emergency Services | 99284 | 01 | 016, 017 | 23 | U4 | | Emergency department visit for the evaluation and management of a patient, which requires these three components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. | per visit | \$118.00 | |

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| W9049 | 11 | 20, 25, 30, 60 | Hospital Outpatient Clinic Visit (Enrollment Approval Required) | T1015 | 01 | 010, 183 | 22 | U5 | | Clinic visit/encounter, all-inclusive | per visit | \$60.00 | |
| W9049 | 11 | 70 | Hospital Outpatient Clinic Visit (Enrollment Approval Required) | T1015 | 01 | 010, 183 | 22 | U5 | U1 | Clinic visit/encounter, all-inclusive | per visit | \$60.00 | |
| W9051 | 11 | 20, 25, 30,60 | Basic Hospital Outpatient Clinic Visit | T1015 | 01 | 010, 183 | 22 | U4 | | Clinic visit/encounter, all-inclusive | per visit | \$53.00 | |
| W9051 | 11 | 70 | Basic Hospital Outpatient Clinic Visit | T1015 | 01 | 010, 183 | 22 | U4 | U1 | Clinic visit/encounter, all-inclusive | per visit | \$53.00 | |
| W9064 | 11 | 60 | Medical School Clinic Visit (Enrollment Approval Required) | T1015 | 01 | 010, 183 | 22 | U5 | | Clinic visit/encounter, all-inclusive | per visit | \$60.00 | |
| W9064 | 11 | 70 | Medical School Clinic Visit (Enrollment Approval Required) | T1015 | 01 | 010, 183 | 22 | U5 | U1 | Clinic visit/encounter, all-inclusive | per visit | \$60.00 | |
| W9254 | 11 | 80 | Electronystagmography, complete | 92541 | 01 | 010, 183 | 22 | | | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording | per test | \$25.40 | |
| W9254 | 11 | 80 | Electronystagmography, complete | 92541 | 01 | 010, 183 | 22 | TC | | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording | per test | \$7.94 | |

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| W9416 | 11 | 80, AZ | Peak expiratory flow rate (PERF) | 94010 | 01 | 010, 183 | 22 | | | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation | per spirometry | \$15.00 | |
| W9416 | 11 | 80, AZ | Peak expiratory flow rate (PERF) | 94010 | 01 | 010, 183 | 22 | TC | | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation | per spirometry | \$9.00 | |
| W9564 | 11 | 30 | Administration of Rho(D) Immune Globulin | 90384 | 01 | 010 | 22, 23 | | | Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use | per administration | \$10.00 | |
| W9564 | 11 | 30 | Administration of Rho(D) Immune Globulin | 90384 | 01 | 183 | 22 | | | Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use | per administration | \$10.00 | |
| W9564 | 11 | 30 | Administration of Rho(D) Immune Globulin | 90385 | 01 | 010 | 22, 23 | | | Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use | per administration | \$10.00 | |
| W9564 | 11 | 30 | Administration of Rho(D) Immune Globulin | 90385 | 01 | 183 | 22 | | | Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use | per administration | \$10.00 | |
| W9564 | 11 | 30 | Administration of Rho(D) Immune Globulin | 90386 | 01 | 010 | 22, 23 | | | Rho(D) immune globulin (RhlgIV), human, for intravenous use | per administration | \$10.00 | |
| W9564 | 11 | 30 | Administration of Rho(D) Immune Globulin | 90386 | 01 | 183 | 22 | | | Rho(D) immune globulin (RhlgIV), human, for intravenous use | per administration | \$10.00 | |
| W9591 | 11 | 80, AZ | Electromyography, including nerve conduction velocities, one extremity and related para-spinal area | 95860 | 01 | 010, 183 | 22 | | | Needle electromyography, one extremity with or without related paraspinal areas | per test | \$30.00 | |
| W9591 | 11 | 80, AZ | Electromyography, including nerve conduction velocities, one extremity and related para-spinal area | 95860 | 01 | 010, 183 | 22 | TC | | Needle electromyography, one extremity with or without related paraspinal areas | per test | \$17.50 | |
| W9592 | 11 | 80, AZ | Electromyography, including nerve conduction velocities, two extremities and related para-spinal area | 95861 | 01 | 010, 183 | 22 | | | Needle electromyography, two extremities with or without related paraspinal areas | per test | \$37.50 | |
| W9592 | 11 | 80, AZ | Electromyography, including nerve conduction velocities, two extremities and related para-spinal area | 95861 | 01 | 010, 183 | 22 | TC | | Needle electromyography, two extremities with or without related paraspinal areas | per test | \$22.50 | |

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|------------|---------------------|-----------------------|---|---------------|-----------------------|-------------------|--------------------------|------------------|------------------------|---|--------------------|---------|----------|
| 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 |
| W9593 | 11 | 80. AZ | Electromyography, including nerve conduction velocities, three extremities and related para-spinal area | 95863 | 01 | 010, 183 | 22 | | | Needle electromyography, three extremities with or without related paraspinal areas | per test | \$42.50 | |
| W9593 | 11 | 80. AZ | Electromyography, including nerve conduction velocities, three extremities and related para-spinal area | 95863 | 01 | 010, 183 | 22 | TC | | Needle electromyography, three extremities with or without related paraspinal areas | per test | \$25.00 | |
| W9630 | 11 | 60 | General medical examination | T1015 | 01 | 010, 183 | 22 | U7 | | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W9633 | 11 | 60 | Comprehensive medical examination by general practitioner when requested by the Department to determine eligibility | T1015 | 01 | 010, 183 | 22 | U7 | | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96408 | 01 | 010, 183 | 22 | | | Chemotherapy administration, intravenous; push technique | per administration | \$7.80 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96410 | 01 | 010, 183 | 22 | | | Chemotherapy administration, intravenous, infusion technique, up to one hour. | per administration | \$48.00 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96412 | 01 | 010, 183 | 22 | | | Chemotherapy administration, intravenous, infusion technique, one to 8 hours, each additional hour | per administration | \$48.00 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96414 | 01 | 010, 183 | 22 | | | 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 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96420 | 01 | 010, 183 | 22 | | | Chemotherapy administration, intra-arterial; push technique | per administration | \$32.00 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96422 | 01 | 010, 183 | 22 | | | Chemotherapy administration, intra-arterial; infusion technique, up to one hour | per administration | \$32.00 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96423 | 01 | 010, 183 | 22 | | | Chemotherapy administration, intra-arterial; infusion technique, one to 8 hours, each additional hour | per administration | \$32.00 | |
| W9640 | 11 | 60 | Administration of Chemotherapy for malignant disease; perfusion | 96425 | 01 | 010, 183 | 22 | | | 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 | |

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| W9715 | 11 | 60 | Physical therapy, two or more modalities and/or two or more procedures; initial 30 minutes | T1015 | 01 | 010, 183 | 22 | U7 | GP | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W9871 | 11 | 60 | General Assistance Exception. Independent/Basic Hospital Clinic Visit | T1015 | 01 | 010, 183 | 22 | U7 | SC | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| W9872 | 11 | 60 | General Assistance Exception, Hospital or Medical School Clinic Visit | T1015 | 01 | 010, 183 | 22 | U8 | SC | Clinic visit/encounter, all-inclusive | per visit | \$40.00 | |
| X1101 | 11 | 20 | Debridement of Ulcer, Foot; initial | 11040 | 01 | 010, 183 | 22 | | | Debridement; skin, partial thickness | per session | \$21.50 | |
| X1101 | 11 | 20 | Debridement of Ulcer, Foot; initial | 11041 | 01 | 010, 183 | 22 | | | Debridement, skin, full thickness | per session | \$33.00 | |
| X1101 | 11 | 20 | Debridement of Ulcer, Foot; initial | 11042 | 01 | 010, 183 | 22 | | | Debridement; skin, subcutaneous tissue | per session | \$33.00 | |
| X1101 | 11 | 20 | Debridement of Ulcer, Foot; initial | 11043 | 01 | 010, 183 | 22 | | | Debridement; skin, subcutaneous tissue and muscle | per session | \$33.00 | |
| X1101 | 11 | 20 | Debridement of Ulcer, Foot; initial | 11044 | 01 | 010, 183 | 22 | | | Debridement; skin, subcutaneous tissue, muscle and bone | per session | \$33.00 | |
| X1102 | 11 | 20 | Debridement of Ulcer, Foot; subsequent | 11000 | 01 | 010, 183 | 22 | | | Debridement of extensive eczematous or infected skin; up to 10% of body surface | per session | \$33.00 | |
| X1102 | 11 | 20 | Debridement of Ulcer, Foot; subsequent | 11001 | 01 | 010, 183 | 22 | | | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface | per session | \$33.00 | |
| X1166 | 11 | 20 | Debridement of hypertrophic nails; initial, multiple | 11720 | 01 | 010, 183 | 22 | | | Debridement of nail(s) by any method(s); one to five | per visit | \$20.00 | |
| X1166 | 11 | 20 | Debridement of hypertrophic nails; initial, multiple | 11721 | 01 | 010, 183 | 22 | | | Debridement of nail(s) by any method(s); six or more | per visit | \$20.00 | |
| X1167 | 11 | 20 | Debridement of hypertrophic nails; subsequent, multiple | 11720 | 01 | 010, 183 | 22 | | | Debridement of nail(s) by any method(s); one to five | per visit | \$20.00 | |
| X1167 | 11 | 20 | Debridement of hypertrophic nails; subsequent, multiple | 11721 | 01 | 010, 183 | 22 | | | Debridement of nail(s) by any method(s); six or more | per visit | \$20.00 | |
| X1172 | 11 | 20 | Avulsion of nail, partial, one nail | 11730 | 01 | 010, 183 | 22 | | T1-T9, TA, F1-F9, FA | Avulsion of nail plate, partial or complete, simple; single | per avulsion | \$25.75 | |
| X1172 | 11 | 20 | Avulsion of nail, partial, one nail | 11732 | 01 | 010, 183 | 22 | | T1-T9, TA, F1-F9, FA | Avulsion of nail plate, partial or complete, simple; single; each additional nail plate | per avulsion | \$25.75 | |

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| X1175 | 11 | 20 | Excision of nail and nail matrix; partial, one nail | 11750 | 01 | 010, 183 | 22 | | T1-T9, TA, F1-F9, FA | Excision of nail and nail matrix, partial or complete, (e.g., ingrown or deformed nail) for permanent removal; | per excision | \$100.00 | |
| X1177 | 11 | 20 | Excision of nail and nail matrix; complete, one nail | 11750 | 01 | 010, 183 | 22 | | T1-T9, TA, F1-F9, FA | Excision of nail and nail matrix, partial or complete, (e.g., ingrown or deformed nail) for permanent removal; | per excision | \$100.00 | |
| X1720 | 11 | 20 | Plantar verruca or verrucae, removal by any method except excision, such as superficial cutting or paring, chemotherapy, etc; subsequent treatment | 17000 | 01 | 010, 183 | 22 | | | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion | per destruction | \$20.00 | |
| X1720 | 11 | 20 | Plantar verruca or verrucae, removal by any method except excision, such as superficial cutting or paring, chemotherapy, etc; subsequent treatment | 17003 | 01 | 010, 183 | 22 | | | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (list separately in addition to code for first lesion) | per destruction | \$47.00 | |
| X1720 | 11 | 20 | Plantar verruca or verrucae, removal by any method except excision, such as superficial cutting or paring, chemotherapy, etc; subsequent treatment | 17004 | 01 | 010, 183 | 22 | | | Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | per destruction | \$132.38 | |
| X3643 | 11 | 25 | Transfusion, blood or blood components; direct | 36430 | 01 | 010, 183 | 22 | | | Transfusion, blood or blood components | per description | \$29.50 | |
| X5741 | 11 | 25 | Gynecological examination-asymptomatic patient | T1015 | 01 | 010, 183 | 22 | U7 | | Clinic visit/encounter, all-inclusive | per visit | \$35.00 | |
| X5746 | 11 | AR | Intensive Colposcopic examination with biopsy and/or excision of lesion(s) | 57421 | 01 | 010, 183 | 22 | | | Colposcopy of the entire vagina, with cervix if present ; with biopsy(s) | per exam | \$126.00 | |
| X5746 | 11 | AR | Intensive Colposcopic examination with biopsy and/or excision of lesion(s) | 57454 | 01 | 010, 183 | 22 | | | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | per exam | \$69.00 | |

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| X5746 | 11 | AR | Intensive Colposcopic examination with biopsy and/or excision of lesion(s) | 57455 | 01 | 010, 183 | 22 | | | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | per exam | \$126.00 | |
| X5746 | 11 | AR | Intensive Colposcopic examination with biopsy and/or excision of lesion(s) | 57456 | 01 | 010, 183 | 22 | | | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage | per exam | \$126.00 | |
| X5746 | 11 | AR | Intensive Colposcopic examination with biopsy and/or excision of lesion(s) | 57460 | 01 | 010, 183 | 22 | | | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix | per exam | \$184.49 | |
| X5746 | 11 | AR | Intensive Colposcopic examination with biopsy and/or excision of lesion(s) | 57461 | 01 | 010, 183 | 22 | | | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix | per exam | \$251.94 | |
| Y7030 | 11 | RD | Radiology Diagnostic, Both Mandible and Temporomandibular joints, Panoramic Views | 70330 | 01 | 010, 183 | 22 | | | Radiologic examination, temporomandibular joint, open and closed mouth; bilateral | per exam | \$27.50 | |
| Y7030 | 11 | RD | Radiology Diagnostic, Both Mandible and Temporomandibular joints, Panoramic Views | 70330 | 01 | 010, 183 | 22 | TC | | Radiologic examination, temporomandibular joint, open and closed mouth; bilateral | per exam | \$16.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72040 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, cervical; two or three views | per exam | \$26.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72040 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, cervical; two or three views | per exam | \$16.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72050 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, cervical; minimum of four views | per exam | \$44.00 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72050 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, cervical; minimum of four views | per exam | \$26.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72072 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, thoracic, three views | per exam | \$36.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72072 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, thoracic, three views | per exam | \$21.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72074 | 01 | 010,183 | 22 | | | Radiologic examination, spine, thoracic, minimum of four views | per exam | \$36.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72074 | 01 | 010,183 | 22 | TC | | Radiologic examination, spine, thoracic, minimum of four views | per exam | \$21.50 | |

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| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72100 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, lumbosacral, two or three views | per exam | \$37.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72100 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, lumbosacral, two or three views | per exam | \$22.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72110 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, lumbosacral, minimum of four views | per exam | \$37.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72110 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, lumbosacral, minimum of four views | per exam | \$22.50 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72120 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, lumbosacral, bending views only, minimum of four views | per exam | \$35.00 | |
| Y7202 | 11 | RD | Radiologic examination, spine, three views, any level | 72120 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, lumbosacral, bending views only, minimum of four views | per exam | \$21.00 | |
| Y7211 | 11 | RD | Radiology diagnostic, lumbar spine and pelvis; complete lumbar spine with anteroposterior view of pelvis | 72010 | 01 | 010, 183 | 22 | | | Radiologic examination, spine, entire, survey study, anteroposterior and lateral | per exam | \$64.00 | |
| Y7211 | 11 | RD | Radiology diagnostic, lumbar spine and pelvis; complete lumbar spine with anteroposterior view of pelvis | 72010 | 01 | 010, 183 | 22 | TC | | Radiologic examination, spine, entire, survey study, anteroposterior and lateral | per exam | \$37.50 | |
| Y7308 | 11 | RD | Radiologic examination, elbow, comprehensive, minimum of five views | 73080 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, elbow; complete, minimum of three views | per exam | \$19.00 | |
| Y7308 | 11 | RD | Radiologic examination, elbow, comprehensive, minimum of five views | 73080 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, elbow; complete, minimum of three views | per exam | \$11.50 | |
| Y7310 | 11 | RD | Radiologic examination, wrist; comprehensive, minimum of five views | 73110 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, wrist; complete, minimum of three views | per exam | \$19.00 | |
| Y7310 | 11 | RD | Radiologic examination, wrist; comprehensive, minimum of five views | 73110 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, wrist; complete, minimum of three views | per exam | \$11.50 | |
| Y7311 | 11 | RD | Radiology diagnostic, hand and wrist; limited, fewer than three views | 73100 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, wrist; two views | per exam | \$19.00 | |

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| Y7311 | 11 | RD | Radiology diagnostic, hand and wrist; limited, fewer than three views | 73100 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, wrist; two views | per exam | \$11.50 | |
| Y7311 | 11 | RD | Radiology diagnostic, hand and wrist; limited, fewer than three views | 73120 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, hand; two views | per exam | \$17.50 | |
| Y7311 | 11 | RD | Radiology diagnostic, hand and wrist; limited, fewer than three views | 73120 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, hand; two views | per exam | \$10.00 | |
| Y7312 | 11 | RD | Radiology Diagnostic, Hand and Wrist; Complete, Minimum of Three Views | 73110 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, wrist; complete, minimum of three views | per exam | \$19.00 | |
| Y7312 | 11 | RD | Radiology Diagnostic, Hand and Wrist; Complete, Minimum of Three Views | 73110 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, wrist; complete, minimum of three views | per exam | \$11.50 | |
| Y7312 | 11 | RD | Radiology Diagnostic, Hand and Wrist; Complete, Minimum of Three Views | 73130 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, hand; minimum of three views | per exam | \$19.00 | |
| Y7312 | 11 | RD | Radiology Diagnostic, Hand and Wrist; Complete, Minimum of Three Views | 73130 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, hand; minimum of three views | per exam | \$11.50 | |
| Y7322 | 11 | RD | Magnetic resonance (EG, PROTON) imaging, Upper extremity, other than joint with contrast material | 73219 | 01 | 010, 183 | 22 | | RT, LT, 50 | Magnetic resonance imaging, Upper extremity, other than joint with contrast materials | per exam | \$512.92 | |
| Y7322 | 11 | RD | Magnetic resonance (EG, PROTON) imaging, Upper extremity, other than joint with contrast material | 73219 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Magnetic resonance imaging, Upper extremity, other than joint with contrast materials | per exam | \$307.75 | |
| Y7323 | 11 | RD | Magnetic Resonance Imaging Upper extremity, other than joint, without contrast materials, followed by contrast material | 73220 | 01 | 010, 183 | 22 | | RT, LT, 50 | Magnetic Resonance Imaging Upper extremity, other than joint, without contrast materials, followed by contrast materials and further sequences | per exam | \$339.00 | |
| Y7323 | 11 | RD | Magnetic Resonance Imaging Upper extremity, other than joint, without contrast materials, followed by contrast material | 73220 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Magnetic Resonance Imaging Upper extremity, other than joint, without contrast materials, followed by contrast materials and further sequences | per exam | \$269.00 | |
| Y7324 | 11 | RD | Magnetic resonance (EG, PROTON) imaging, any joint of upper extremity; with contrast material | 73222 | 01 | 010, 183 | 22 | | RT, LT, 50 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s) | per exam | \$512.92 | |

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| Y7324 | 11 | RD | Magnetic resonance (EG, PROTON) imaging, any joint of upper extremity; with contrast material | 73222 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s) | per exam | \$307.75 | |
| Y7325 | 11 | 54 | Magnetic resonance imaging, Any joint of upper extremity without contrast material, followed by contrast material | 73223 | 01 | 010, 183 | 22 | | RT, LT, 50 | Magnetic resonance imaging, Any joint of upper extremity without contrast material, followed by contrast material(s) and further sequences | per exam | \$923.15 | |
| Y7325 | 11 | 54 | Magnetic resonance imaging, Any joint of upper extremity without contrast material, followed by contrast material | 73223 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Magnetic resonance imaging, Any joint of upper extremity without contrast material, followed by contrast material(s) and further sequences | per exam | \$553.89 | |
| Y7360 | 11 | RD | Radiologic examination, ankle; comprehensive, minimum of five views | 73610 | 01 | 010, 183 | 22 | | RT, LT, 50 | Radiologic examination, ankle, complete, minimum of 3 views | per exam | \$35.00 | |
| Y7360 | 11 | RD | Radiologic examination, ankle; comprehensive, minimum of five views | 73610 | 01 | 010, 183 | 22 | TC | RT, LT, 50 | Radiologic examination, ankle, complete, minimum of 3 views | per exam | \$21.00 | |
| Y7419 | 11 | 54 | Magnetic resonance imaging, abdomen; without contrast material, followed by contrast material | 74183 | 01 | 010, 183 | 22 | | | Magnetic resonance imaging, abdomen; without contrast material, followed by contrast material(s) and further sequences | per exam | \$931.68 | |
| Y7419 | 11 | 54 | Magnetic resonance imaging, abdomen; without contrast material, followed by contrast material | 74183 | 01 | 010, 183 | 22 | TC | | Magnetic resonance imaging, abdomen; without contrast material, followed by contrast material(s) and further sequences | per exam | \$559.01 | |
| Y7600 | 11 | RD | Extended room time with periodic fluoroscopy (radiological guidance), per 30 minutes | 76001 | 01 | 010, 183 | 22 | | | Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) | per description | \$27.50 | |
| Y7600 | 11 | RD | Extended room time with periodic fluoroscopy (radiological guidance), per 30 minutes | 76001 | 01 | 010, 183 | 22 | TC | | Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) | per description | \$16.50 | |
| Y7600 | 11 | RD | Extended room time with periodic fluoroscopy (radiological guidance), per 30 minutes | 76001 | 01 | 016, 017 | 23 | | | Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) | per description | \$27.50 | |

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| 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 |
| Y7600 | 11 | RD | Extended room time with periodic fluoroscopy (radiological guidance), per 30 minutes | 76001 | 01 | 016, 017 | 23 | TC | | Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) | per description | \$16.50 | |
| Z0832 | 11 | 86 | Pregnancy Test | 81025 | 01 | 010 | 22, 23 | | | Urine pregnancy test, by visual color comparison methods | per test | \$4.00 | |
| Z0832 | 11 | 86 | Pregnancy Test | 81025 | 01 | 183 | 22 | | | Urine pregnancy test, by visual color comparison methods | per test | \$4.00 | |
| Z0832 | 11 | 86 | Pregnancy Test | 84702 | 01 | 010 | 22, 23 | | | Gonadotropin, chorionic (hCG); quantitative | per test | \$16.42 | |
| Z0832 | 11 | 86 | Pregnancy Test | 84702 | 01 | 183 | 22 | | | Gonadotropin, chorionic (hCG); quantitative | per test | \$16.42 | |
| Z0832 | 11 | 86 | Pregnancy Test | 84703 | 01 | 010 | 22, 23 | | | Gonadotropin, chorionic (hCG); qualitative | per test | \$10.38 | |
| Z0832 | 11 | 86 | Pregnancy Test | 84703 | 01 | 183 | 22 | | | Gonadotropin, chorionic (hCG); qualitative | per test | \$10.38 | |
| Z2100 | 11 | 86 | Alcohol (Ethanol), Blood; quantitative (all methods) | 82055 | 01 | 010 | 22, 23 | | | Alcohol (ethanol); any specimen except breath | per screen | \$12.00 | |
| Z2100 | 11 | 86 | Alcohol (Ethanol), Blood; quantitative (all methods) | 82055 | 01 | 183 | 22 | | | Alcohol (ethanol); any specimen except breath | per screen | \$12.00 | |
| Z2101 | 11 | 86 | Alcohol (Ethanol), Urine; qualitative (all methods) | 82055 | 01 | 010 | 22, 23 | | | Alcohol (ethanol); any specimen except breath | per screen | \$12.00 | |
| Z2101 | 11 | 86 | Alcohol (Ethanol), Urine; qualitative (all methods) | 82055 | 01 | 183 | 22 | | | Alcohol (ethanol); any specimen except breath | per screen | \$12.00 | |
| Z2102 | 11 | 86 | Alcohol (Ethanol), Urine; quantitative (all methods) | 82055 | 01 | 010 | 22, 23 | | | Alcohol (ethanol); any specimen except breath | per screen | \$12.00 | |
| Z2102 | 11 | 86 | Alcohol (Ethanol), Urine; quantitative (all methods) | 82055 | 01 | 183 | 22 | | | Alcohol (ethanol); any specimen except breath | per screen | \$12.00 | |
| Z2103 | 11 | 86 | Drug Screen (Amphetamines, Barbiturates, Benzodiazepine, Cocaine, Methadone, Methaqualone, Opiates, Phencyclidine (PCP), Propoxyphene, THC (all methods) 1-5 | 80100 | 01 | 010 | 22, 23 | | | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure | per drug screen | \$10.00 | |
| Z2103 | 11 | 86 | Drug Screen (Amphetamines, Barbiturates, Benzodiazepine, Cocaine, Methadone, Methaqualone, Opiates, Phencyclidine (PCP), Propoxyphene, THC (all methods) 1-5 | 80100 | 01 | 183 | 22 | | | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure | per drug screen | \$10.00 | |

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| Z2105 | 11 | 86 | Drug Screen, Fentanyl, Fentanyl Derivatives (all methods) | 80101 | 01 | 010 | 22, 23 | | | Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class | per drug screen | \$3.00 | |
| Z2105 | 11 | 86 | Drug Screen, Fentanyl, Fentanyl Derivatives (all methods) | 80101 | 01 | 183 | 22 | | | Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class | per drug screen | \$3.00 | |
| Z2106 | 11 | 86 | Drug Screen (Amphetamines, Barbiturates, Benzodiazepine, Cocaine, Methadone, Methaqualone, Opiates, Phencyclidine (PCP), Propoxyphene, THC (all methods) 6-10 | 80100 | 01 | 010 | 22, 23 | U7 | | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure | per drug screen | \$15.00 | |
| Z2106 | 11 | 86 | Drug Screen (Amphetamines, Barbiturates, Benzodiazepine, Cocaine, Methadone, Methaqualone, Opiates, Phencyclidine (PCP), Propoxyphene, THC (all methods) 6-10 | 80100 | 01 | 183 | 22 | U7 | | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure | per drug screen | \$15.00 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86689 | 01 | 010 | 22, 23 | | | Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot) | per test | \$26.75 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86689 | 01 | 183 | 22 | | | Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot) | per test | \$26.75 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86701 | 01 | 010 | 22, 23 | | | Antibody; HIV-1 | per test | \$12.27 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86701 | 01 | 183 | 22 | | | Antibody; HIV-1 | per test | \$12.27 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86702 | 01 | 010 | 22, 23 | | | Antibody; HIV-2 | per test | \$13.83 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86702 | 01 | 183 | 22 | | | Antibody; HIV-2 | per test | \$13.83 | |

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|------------|---------------------|-----------------------|--|---------------|-----------------------|-------------------|--------------------------|------------------|------------------------|--|--------------------|---------|----------|
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| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86703 | 01 | 010 | 22, 23 | | | Antibody; HIV-1 and HIV-2, single assay | per test | \$18.96 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 86703 | 01 | 183 | 22 | | | Antibody; HIV-1 and HIV-2, single assay | per test | \$18.96 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 87390 | 01 | 010 | 22, 23 | | | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1 | per test | \$10.50 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 87390 | 01 | 183 | 22 | | | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1 | per test | \$10.50 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 87391 | 01 | 010 | 22, 23 | | | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2 | per test | \$10.50 | |
| Z8020 | 11 | 86 | AIDS Profile III - Lymphocyte Subset Panel (includes Total B, Total T, T Subsets, T Helper/T Suppressor Ratio) | 87391 | 01 | 183 | 22 | | | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2 | per test | \$10.50 | |
| Z8227 | 11 | 86 | Blood; Occult Feces, Screening - Asymptomatic Patient | 82270 | 01 | 010 | 22, 23 | | | Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, 1-3 simultaneous determinations | per test | \$3.47 | |
| Z8227 | 11 | 86 | Blood; Occult Feces, Screening - Asymptomatic Patient | 82270 | 01 | 183 | 22 | | | Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, 1-3 simultaneous determinations | per test | \$3.47 | |
| Z8294 | 11 | 86 | Glucose; 2 Hour Postprandial | 82947 | 01 | 010 | 22, 23 | | | Glucose; quantitative, blood (except reagent strip) | per test | \$4.00 | |
| Z8294 | 11 | 86 | Glucose; 2 Hour Postprandial | 82947 | 01 | 183 | 22 | | | Glucose; quantitative, blood (except reagent strip) | per test | \$4.00 | |
| Z8309 | 11 | 86 | Haldol (Haloperidol) | 80173 | 01 | 010 | 22, 23 | | | Haloperidol | per test | \$16.10 | |
| Z8309 | 11 | 86 | Haldol (Haloperidol) | 80173 | 01 | 183 | 22 | | | Haloperidol | per test | \$16.10 | |
| Z8374 | 11 | 86 | Ludiomil (Maprotiline) | 80299 | 01 | 010 | 22, 23 | | | Quantitation of drug, not elsewhere specified | per test | \$15.30 | |
| Z8374 | 11 | 86 | Ludiomil (Maprotiline) | 80299 | 01 | 183 | 22 | | | Quantitation of drug, not elsewhere specified | per test | \$15.30 | |
| Z8391 | 11 | 86 | Norpace (Disopyramide) | 80299 | 01 | 010 | 22, 23 | | | Quantitation of drug, not elsewhere specified | per test | \$15.30 | |

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|------------|---------------------|-----------------------|---|---------------|-----------------------|-------------------|--------------------------|------------------|------------------------|--|--------------------|---------|----------|
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| Z8391 | 11 | 86 | Norpace (Disopyramide) | 80299 | 01 | 183 | 22 | | | Quantitation of drug, not elsewhere specified | per test | \$15.30 | |
| Z8503 | 11 | 86 | Blood Count, Hemogram, Manual, Completed CBC (RBC, WBC, Hgb, Hct, Differential and Indicies) - Asymptomatic Patient | 85027 | 01 | 010 | 22, 23 | | 91 | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$7.52 | |
| Z8503 | 11 | 86 | Blood Count, Hemogram, Manual, Completed CBC (RBC, WBC, Hgb, Hct, Differential and Indicies) - Asymptomatic Patient | 85027 | 01 | 010 | 22, 23 | | | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$7.52 | |
| Z8503 | 11 | 86 | Blood Count, Hemogram, Manual, Completed CBC (RBC, WBC, Hgb, Hct, Differential and Indicies) - Asymptomatic Patient | 85027 | 01 | 183 | 22 | | 91 | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$7.52 | |
| Z8503 | 11 | 86 | Blood Count, Hemogram, Manual, Completed CBC (RBC, WBC, Hgb, Hct, Differential and Indicies) - Asymptomatic Patient | 85027 | 01 | 183 | 22 | | | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$7.52 | |
| Z8555 | 11 | 86 | Blood Count; Hematocrit - Asymptomatic Patient | 85014 | 01 | 010 | 22, 23 | | 91 | Blood count: hematocrit (Hct) | per test | \$3.27 | |
| Z8555 | 11 | 86 | Blood Count; Hematocrit - Asymptomatic Patient | 85014 | 01 | 010 | 22, 23 | | | Blood count: hematocrit (Hct) | per test | \$3.27 | |
| Z8555 | 11 | 86 | Blood Count; Hematocrit - Asymptomatic Patient | 85014 | 01 | 183 | 22 | | 91 | Blood count: hematocrit (Hct) | per test | \$3.27 | |
| Z8555 | 11 | 86 | Blood Count; Hematocrit - Asymptomatic Patient | 85014 | 01 | 183 | 22 | | | Blood count: hematocrit (Hct) | per test | \$3.27 | |
| Z8556 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hgb) | 85025 | 01 | 010 | 22, 23 | | 91 | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8556 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hgb) | 85025 | 01 | 010 | 22, 23 | | | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8556 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hgb) | 85025 | 01 | 183 | 22 | | 91 | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8556 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hgb) | 85025 | 01 | 183 | 22 | | | Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |

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| Z8557 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hbg) - Asmptomatic Patient | 85025 | 01 | 010 | 22, 23 | | 91 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8557 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hbg) - Asmptomatic Patient | 85025 | 01 | 010 | 22, 23 | | | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8557 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hbg) - Asmptomatic Patient | 85025 | 01 | 183 | 22 | | 91 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8557 | 11 | 86 | Blood Count; Hematocrit and Hemoglobin (Hct and Hbg) - Asmptomatic Patient | 85025 | 01 | 183 | 22 | | | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | per test | \$6.00 | |
| Z8604 | 11 | 86 | Anti-Parietal AB | 86255 | 01 | 010 | 22, 23 | | | Fluorescent noninfectious agent antibody; screen, each antibody | per test | \$16.66 | |
| Z8604 | 11 | 86 | Anti-Parietal AB | 86255 | 01 | 183 | 22 | | | Fluorescent noninfectious agent antibody; screen, each antibody | per test | \$16.66 | |
| Z8627 | 11 | 86 | Antibody; Epstein-Barr Virus (EBV), Complete Evaluation | 86663 | 01 | 010 | 22, 23 | | | Antibody; Epstein-Barr (EB) virus, early antigen (EA)) | per test | \$18.13 | |
| Z8627 | 11 | 86 | Antibody; Epstein-Barr Virus (EBV), Complete Evaluation | 86663 | 01 | 183 | 22 | | | Antibody; Epstein-Barr (EB) virus, early antigen (EA)) | per test | \$18.13 | |
| Z8627 | 11 | 86 | Antibody; Epstein-Barr Virus (EBV), Complete Evaluation | 86664 | 01 | 010 | 22, 23 | | | Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA) | per test | \$21.14 | |
| Z8627 | 11 | 86 | Antibody; Epstein-Barr Virus (EBV), Complete Evaluation | 86664 | 01 | 183 | 22 | | | Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA) | per test | \$21.14 | |
| Z8627 | 11 | 86 | Antibody; Epstein-Barr Virus (EBV), Complete Evaluation | 86665 | 01 | 010 | 22, 23 | | | Epstein-Barr (EB) virus, viral capsid (VCA) | per test | \$25.07 | |
| Z8627 | 11 | 86 | Antibody; Epstein-Barr Virus (EBV), Complete Evaluation | 86665 | 01 | 183 | 22 | | | Epstein-Barr (EB) virus, viral capsid (VCA) | per test | \$25.07 | |
| Z8631 | 11 | 86 | Immunoassay for Prostate Specific Antigen (PSA); Asymptomatic Patient | 84153 | 01 | 010 | 22, 23 | | | Prostate specific antigen (PSA); total | per test | \$24.63 | |

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| Z8631 | 11 | 86 | Immunoassay for Prostate Specific Antigen (PSA); Asymptomatic Patient | 84153 | 01 | 183 | 22 | | | Prostate specific antigen (PSA); total | per test | \$24.63 | |
| Z8636 | 11 | 86 | Mast Allergy Test; Up to 5 Antigens | 86003 | 01 | 010 | 22, 23 | | | Allergen specific IgE; quantitative or semiquantitative, each allergen | per test | \$7.21 | |
| Z8636 | 11 | 86 | Mast Allergy Test; Up to 5 Antigens | 86003 | 01 | 183 | 22 | | | Allergen specific IgE; quantitative or semiquantitative, each allergen | per test | \$7.21 | |
| Z8637 | 11 | 86 | Mast Allergy Test; 6 or more Antigens | 86003 | 01 | 010 | 22, 23 | | | Allergen specific IgE; quantitative or semiquantitative, each allergen | per test | \$7.21 | |
| Z8637 | 11 | 86 | Mast Allergy Test; 6 or more Antigens | 86003 | 01 | 183 | 22 | | | Allergen specific IgE; quantitative or semiquantitative, each allergen | per test | \$7.21 | |
| Z8704 | 11 | 86 | Campylobacter Culture, Feces | 86625 | 01 | 010 | 22, 23 | | | Antibody; Campylobacter | per test | \$18.13 | |
| Z8704 | 11 | 86 | Campylobacter Culture, Feces | 86625 | 01 | 183 | 22 | | | Antibody; Campylobacter | per test | \$18.13 | |
| Z8708 | 11 | 86 | Culture, screening for organism including sensitivity study, sources other than blood | 87081 | 01 | 010 | 22, 23 | | | Culture, presumptive, pathogenic organisms, screening only | per test | \$5.20 | |
| Z8708 | 11 | 86 | Culture, screening for organism including sensitivity study, sources other than blood | 87081 | 01 | 183 | 22 | | | Culture, presumptive, pathogenic organisms, screening only | per test | \$5.20 | |
| Z8708 | 11 | 86 | Culture, screening for organism including sensitivity study, sources other than blood | 87181 | 01 | 010 | 22, 23 | | | Susceptibility studies, antimicrobial agent; agar, dilution method, per agent (e.g., antibiotic gradient strip) | per test | \$6.00 | |
| Z8708 | 11 | 86 | Culture, screening for organism including sensitivity study, sources other than blood | 87181 | 01 | 183 | 22 | | | Susceptibility studies, antimicrobial agent; agar, dilution method, per agent (e.g., antibiotic gradient strip) | per test | \$6.00 | |
| Z8708 | 11 | 86 | Culture, screening for organism including sensitivity study, sources other than blood | 87190 | 01 | 010 | 22, 23 | | | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent | per test | \$7.00 | |
| Z8708 | 11 | 86 | Culture, screening for organism including sensitivity study, sources other than blood | 87190 | 01 | 183 | 22 | | | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent | per test | \$7.00 | |

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| Z8712 | 11 | 86 | Culture, urine; quantitative, with colony count including sensitivity study, screening | 87086 | 01 | 010 | 22, 23 | | | Culture, bacterial; quantitative colony count urine | per test | \$8.00 | |
| Z8712 | 11 | 86 | Culture, urine; quantitative, with colony count including sensitivity study, screening | 87086 | 01 | 183 | 22 | | | Culture, bacterial; quantitative colony count urine | per test | \$8.00 | |
| Z8712 | 11 | 86 | Culture, urine; quantitative, with colony count including sensitivity study, screening | 87181 | 01 | 010 | 22, 23 | | | Susceptibility studies, antimicrobial agent; agar, dilution method, per agent (e.g., antibiotic gradient strip) | per test | \$6.00 | |
| Z8712 | 11 | 86 | Culture, urine; quantitative, with colony count including sensitivity study, screening | 87181 | 01 | 183 | 22 | | | Susceptibility studies, antimicrobial agent; agar, dilution method, per agent (e.g., antibiotic gradient strip) | per test | \$6.00 | |
| Z8712 | 11 | 86 | Culture, urine; quantitative, with colony count including sensitivity study, screening | 87190 | 01 | 010 | 22, 23 | | | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent | per test | \$7.00 | |
| Z8712 | 11 | 86 | Culture, urine; quantitative, with colony count including sensitivity study, screening | 87190 | 01 | 183 | 22 | | | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent | per test | \$7.00 | |
| Z8713 | 11 | 86 | Culture Urine; Definitive and Sensitivity Study for Specific Microorganisms, with Isolation of Organism | 87086 | 01 | 010 | 22, 23 | | | Culture, bacterial; quantitative colony count urine | per test | \$8.00 | |
| Z8713 | 11 | 86 | Culture Urine; Definitive and Sensitivity Study for Specific Microorganisms, with Isolation of Organism | 87086 | 01 | 183 | 22 | | | Culture, bacterial; quantitative colony count urine | per test | \$8.00 | |
| Z8713 | 11 | 86 | Culture Urine; Definitive and Sensitivity Study for Specific Microorganisms, with Isolation of Organism | 87088 | 01 | 010 | 22, 23 | | | Culture, bacterial; with isolation and presumptive identification of isolates, urine | per test | \$8.00 | |
| Z8713 | 11 | 86 | Culture Urine; Definitive and Sensitivity Study for Specific Microorganisms, with Isolation of Organism | 87088 | 01 | 183 | 22 | | | Culture, bacterial; with isolation and presumptive identification of isolates, urine | per test | \$8.00 | |