STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]
FEE SCHEDULE
EFFECTIVE JULY 1, 2016
UPDATED BASED ON THIRD QUARTER 2017 CMS OCE CHANGES

		Indicates 3RD quarter 2017 change/addition	**08/03/2017**	
CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
~~0019T~~		~~EXTRACORP SHOCK WV TX MS~~	~~$0.00~~	CODE TERMED 12/31/2016
0042T		CT PERFUSION W/CONTRAST	$0.00	
0071T		U/S LEIOMYOMATA ABLATE <	$0.00	
0072T		U/S LEIOMYOMATA ABLATE >	$0.00	
0100T		PROSTH RETINA RECEIVE&GE	$0.00	
0101T		EXTRACORP SHOCKWV TX HI	$0.00	
0102T		EXTRACORP SHOCKWV TX ANE	$0.00	
0106T		TOUCH QUANT SENSORY TEST	$0.00	
0107T		VIBRATE QUANT SENSORY TE	$0.00	
0108T		COOL QUANT SENSORY TEST	$0.00	
0109T		HEAT QUANT SENSORY TEST	$0.00	
0110T		NOS QUANT SENSORY TEST	$0.00	
0111T		RBC MEMBRANES FATTY ACID	$0.00	
0126T		CHD RISK IMT STUDY	$0.00	
0159T		CAD BREAST MRI	$0.00	
~~0171T~~		~~LUMBAR SPINE PROCES DIST~~	~~$0.00~~	CODE TERMED 12/31/2016
~~0172T~~		~~LUMBAR SPINE PROCESS ADD~~	~~$0.00~~	CODE TERMED 12/31/2016
0174T		CAD CXR WITH INTERP	$0.00	
0175T		CAD CXR REMOTE	$0.00	
0184T		EXC RECTAL TUMOR ENDOSCO	$0.00	
0190T		PLACE INTRAOC RADIATION	$0.00	
0198T		OCULAR BLOOD FLOW MEASUR	$0.00	
0200T		PERQ SACRAL AUGMT UNILAT	$0.00	
0201T		PERQ SACRAL AUGMT BILAT	$0.00	
0205T		INIRS EACH VESSEL ADD-ON	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
0206T		CPTR DBS ALYS CAR ELEC D	$0.00	
0207T		CLEAR EYELID GLAND W/HEA	$0.00	
0208T		AUTOMATED AUDIOMETRY AIR	$0.00	
0209T		AUTO AUDIOMETRY AIR/BONE	$0.00	
0210T		SPEECH AUDIOMETRY THRESH	$0.00	
0211T		SPEECH AUDIOM THRESH & R	$0.00	
0212T		COMPRE AUDIOMETRY EVALUA	$0.00	
0213T		NJX PARAVERT W/US CER/TH	$0.00	
0214T		NJX PARAVERT W/US CER/TH	$0.00	
0215T		NJX PARAVERT W/US CER/TH	$0.00	
0216T		NJX PARAVERT W/US LUMB/S	$0.00	
0217T		NJX PARAVERT W/US LUMB/S	$0.00	
0218T		NJX PARAVERT W/US LUMB/S	$0.00	
0221T		PLMT POST FACET IMPLT LU	$0.00	
0222T		PLMT POST FACET IMPLT AD	$0.00	
0232T		NJX PLATELET PLASMA	$0.00	
0302T		ICAR ISCHM MNTRNG SYS CO	$0.00	
0303T		ICAR ISCHM MNTRNG SYS EL	$0.00	
0304T		ICAR ISCHM MNTRNG SYS DE	$0.00	
0305T		ICAR ISCHM MNTRNG PRGRM	$0.00	
0306T		ICAR ISCHM MNTR INTERR E	$0.00	
0307T		RMVL ICAR ISCHM MNTRNG D	$0.00	
0308T		INSJ OCULAR TELESCOPE PR	$0.00	
0310T		MOTOR FUNCTION MAPPING N	$0.00	
0312T		LAPS IMPLTJ NSTIM VAGUS	$0.00	

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0313T		LAPS RMVL NSTIM ARRAY VA	$0.00	
0314T		LAPS RMVL VGL ARRY & PLS	$0.00	
0315T		RMVL VAGUS NERVE PLS GEN	$0.00	
0316T		REPLC VAGUS NERVE PLS GE	$0.00	
0317T		ELEC ALYS VAGUS NRV PLS	$0.00	
0330T		TEAR FILM IMG INU/BI W/I	$0.00	
0331T		HEART SYMP IMAGE PLNR	$0.00	
0332T		HEART SYMP IMAGE PLNR SP	$0.00	
0335T		EXTRAOSSEOUS JOINT STBLZ	$0.00	
~~0336T~~		~~LAP ABLAT UTERINE FIBROI~~	~~$0.00~~	CODE TERMED 12/31/2016
0337T		ENDOTHEL FXNASSMNT NON-I	$0.00	
0338T		TRANSCATH RENAL SYMP DEN	$0.00	
0339T		TRANSCATH RENAL SYMP DEN	$0.00	
0340T		ABLATE PULM TUMORS + EXT	$0.00	
0341T		QUANT PUPILLOMETRY W/ RP	$0.00	
0342T		THXP APHERESIS W/ HDL DE	$0.00	
0346T		ULTRASOUND ELASTOGRAPH	$0.00	
0347T		INS BONE DEVICE FOR RSA	$0.00	
0348T		RSA SPINE EXAM	$0.00	
0349T		RSA UPPER EXTR EXAM	$0.00	
0350T		RSA LOWER EXTR EXAM	$0.00	
0351T		INTRAOP OCT BRST/NODE SPEC	$0.00	
0353T		INTRAOP OCT BREAST CAVITY	$0.00	
0355T		GI TRACT CAPSULE ENDOSCOPY	$0.00	
0356T		INSRT DRUG DEVICE FOR IOP	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
0357T		CRYOPRESERVATION OOCYTE(S)	$0.00	
0358T		BIA WHOLE BODY	$0.00	
0360T		OBSERV BEHAV ASSESSMENT	$0.00	
0361T		OBSERV BEHAV ASSESS ADDL	$0.00	
0362T		EXPOSE BEHAV ASSESSMENT	$0.00	
0363T		EXPOSE BEHAV ASSESS ADDL	$0.00	
0364T		ADAPTIVE BEHAVIOR TREATMENT	$0.00	
0365T		ADAPTIVE BEHAVIOR TX ADDL	$0.00	
0366T		GROUP BEHAVIOR TREATMENT	$0.00	
0367T		GROUP BEHAV TREATMENT ADDL	$0.00	
0373T		EXPOSURE BEHAVIOR TREATMENT	$0.00	
0374T		EXPOSE BEHAV TREATMENT ADDL	$0.00	
0376T		INSERT ANT SEGMENT DRAIN INT	$0.00	
0377T		ANOSCPY INJ AGENT FOR INCONT	$0.00	
0379T		VIS FIELD ASSMNT TECH SUPPT	$0.00	
0380T		COMP ANIMAT RET IMAG SERIES	$0.00	
0387T		LEADLESS C PM INS/RPL VENTR	$0.00	
0388T		LEADLESS C PM REMOVE VENTR	$0.00	
0389T		PROG EVAL INPER LEADLS PM	$0.00	
0390T		PERIPROC EVAL INPER LEDLS PM	$0.00	
0391T		INTERGT EVAL INPER LEADLS PM	$0.00	
~~0392T~~		~~LAP ES SPH AUGMENT DEV PLACE~~	~~$0.00~~	CODE TERMED 12/31/2016
~~0393T~~		~~ES SPH AUGMNT DEVICE REMOVAL~~	~~$0.00~~	CODE TERMED 12/31/2016
0396T		INTRAOP KINETIC BALNCE SENSR	$0.00	
0397T		ERCP W/OPTICAL ENDOMICROSCPY	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
0398T		MRGFUS STRTCTC LES ABLTJ	$0.00	
0399T		MYOCARDIAL STRAIN IMAGING	$0.00	
0400T		MLTISPECTRL DIGITAL LES ALYS	$0.00	
0401T		MLTISPECTRL DIGITAL LES ALYS	$0.00	
0402T		COLLAGEN CROSSLINKING CORNEA	$0.00	
0404T		TRNSCRV UTERIN FIBROID ABLTJ	$0.00	
0406T		SIN NDSC PLMT DRG ELUT MPLNT	$0.00	
0407T		SIN NDSC PLMT DRG ELUT MPLNT	$0.00	
0408T		INSJ/RPLC CARDIAC MODULJ SYS	$0.00	
0409T		INSJ/RPLC CARDIAC MODULJ PLS	$0.00	
0410T		INSJ/RPLC CAR MODULJ ATR ELT	$0.00	
0411T		INSJ/RPLC CAR MODULJ VNT ELT	$0.00	
0412T		RMVL CARDIAC MODULJ PLS GEN	$0.00	
0413T		RMVL CAR MODULJ TRANVNS ELT	$0.00	
0414T		RMVL & RPL CAR MODULJ PLS GN	$0.00	
0415T		REPOS CAR MODULJ TRANVNS ELT	$0.00	
0416T		RELOC SKIN POCKET PLS GEN	$0.00	
0417T		PRGRMG EVAL CARDIAC MODULJ	$0.00	
0418T		INTERRO EVAL CARDIAC MODULJ	$0.00	
0419T		DSTRJ NEUROFIBROMATA XTNSV	$0.00	
0420T		DSTRJ NEUROFIBROMATA XTNSV	$0.00	
0422T		TACTILE BREAST IMG UNI/BI	$0.00	
0423T		ASSAY SECRETORY TYPE II PLA2	$0.00	
0424T		INSJ/RPLC NSTIM APNEA COMPL	$0.00	
0425T		INSJ/RPLC NSTIM APNEA SEN LD	$0.00	

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0426T		INSJ/RPLC NSTIM APNEA STM LD	$0.00	
0427T		INSJ/RPLC NSTIM APNEA PLS GN	$0.00	
0428T		RMVL NSTIM APNEA PLS GEN	$0.00	
0429T		RMVL NSTIM APNEA SEN LD	$0.00	
0430T		RMVL NSTIM APNEA STIMJ LD	$0.00	
0431T		RMVL/RPLC NSTIM APNEA PLS GN	$0.00	
0432T		REPOS NSTIM APNEA STIMJ LD	$0.00	
0433T		REPOS NSTIM APNEA SENSING LD	$0.00	
0434T		INTERRO EVAL NPGS SLEEP APNE	$0.00	
0435T		PRGRMG EVAL NPGS APNEA 1 SES	$0.00	
0436T		PRGRMG EVAL NPGS APNEA STUDY	$0.00	
0437T		IMPLTJ SYNTH RNFCMT ABDL WAL	$0.00	
0438T		TPRNL PLMT BIODEGRDABL MATRL	$0.00	
0439T		MYOCRD CONTRAST PRFUJ ECHO	$0.00	
0440T		ABLTJ PERC UXTR/PERPH NRV	$0.00	
0441T		ABLTJ PERC LXTR/PERPH NRV	$0.00	
0442T		ABLTJ PERC PLEX/TRNCL NRV	$0.00	
0443T		R-T SPCTRL ALYS PRST8 TISS	$0.00	
0444T		1ST PLMT DRUG ELUT OC INS	$0.00	
0445T		SBSQT PLMT DRUG ELUT OC INS	$0.00	
0446T		INSJ IMPLTBL GLUCOSE SEN	$0.00	
0447T		RMVL IMPLTBL GLUCOSE SEN	$0.00	
0448T		REMVL INSJ IMPLTBL GLUC	$0.00	
0449T		INSJ AQUEOUS DRAIN DEV 1	$0.00	
0450T		INSJ AQUEOUS DRAIN DEV E	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
0453T		INSJ/RPLCMT MECH-ELEC NT	$0.00	
0454T		INSJ/RPLCMT SUBQ ELECTRO	$0.00	
0457T		REMVL MECH-ELEC SKIN NTR	$0.00	
0458T		REMVL SUBQ ELECTRODE	$0.00	
0460T		REPOS AORTIC VENTR DEV E	$0.00	
0462T		PRGRMG EVAL AORTIC VENTR	$0.00	
0463T		INTERROG AORTIC VENTR SY	$0.00	
0464T		VISUAL EP TEST FOR GLAUC	$0.00	
0465T		SUPCHRDL NJX RXW/O SUPPL	$0.00	
0466T		INSJ CHWAL RESPIR ELTRD/	$0.00	
0467T		REVJ/RPLMNT CH RESPIR EL	$0.00	
0469T		RTA POLARIZE SCAN OC SCR	$0.00	
0470T		OCT SKN IMG ACQUISJ I&R	$0.00	
0471T		OCT SKN IMG ACQUISJ I&R	$0.00	
0472T		PRGRMG IO RTA ELTRD RA	$0.00	
0473T		REPRGRMG IO RTA ELTRD RA	$0.00	
0474T		INSJ AQUEOUS DRG DEV IO	$0.00	
0475T		REC FTL CAR SGL 3 CH I&R	$0.00	
0476T		REC FTL CAR SGL ELEC TR	$0.00	
0477T		REC FTL CAR SGL XRTJ ALY	$0.00	
0478T		REC FTL CAR 3 CH REV I&R	$0.00	
11719		TRIM NAIL(S) ANY NUMBER	$0.00	
15775		HAIR TRNSPL 1-15 PUNCH G	$0.00	
15776		HAIR TRNSPL >15 PUNCH GR	$0.00	
15847		EXC SKIN ABD ADD-ON	$0.00	

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17380		HAIR REMOVAL BY ELECTROL	$0.00	
20974		ELECTRICAL BONE STIMULAT	$0.00	
20975		ELECTRICAL BONE STIMULAT	$0.00	
20979		US BONE STIMULATION	$0.00	
22856		CERV ARTIFIC DISKECTOMY	$0.00	
32561		LYSE CHEST FIBRIN INIT D	$0.00	
32562		LYSE CHEST FIBRIN SUBQ D	$0.00	
32701		THORAX STEREO RAD TARGETW/TX	$222.13	
36415		ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	$4.83	
38204		BL DONOR SEARCH MANAGEME	$0.00	
38205		HARVEST ALLOGENEIC STEM	$75.30	
38207		CRYOPRESERVE STEM CELLS	$0.00	
38208		THAW PRESERVED STEM CELL	$0.00	
38209		WASH HARVEST STEM CELLS	$0.00	
38210		T-CELL DEPLETION OF HARV	$0.00	
38211		TUMOR CELL DEPLETE OF HA	$0.00	
38212		RBC DEPLETION OF HARVEST	$0.00	
38213		PLATELET DEPLETE OF HARV	$0.00	
38214		VOLUME DEPLETE OF HARVES	$0.00	
38215		HARVEST STEM CELL CONCEN	$0.00	
49411		INS MARK ABD/PEL FOR RT	$0.00	
54900		FUSION SPERMATIC DUCTS	$0.00	
54901		FUSION SPERMATIC DUCTS	$0.00	
55400		REPAIR OF SPERM DUCT	$0.00	
55870		ELECTROJACULATION	$0.00	

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55970		SEX TRANSFORMATION M TO F	$0.00	
55980		SEX TRANSFORMATION F TO M	$0.00	
58321		ARTIFICIAL INSEMINATION	$0.00	
58322		ARTIFICIAL INSEMINATION	$0.00	
58323		SPERM WASHING	$0.00	
58345		REOPEN FALLOPIAN TUBE	$0.00	
58350		HYDROTUBATION OF OVIDUCT	$0.00	
58672		LAPAROSCOPY FIMBRIOPLAST	$0.00	
58673		LAPAROSCOPY SALPINGOSTOM	$0.00	
58920		PARTIAL REMOVAL OF OVARY	$0.00	
58970		RETRIEVAL OF OOCYTE	$0.00	
58974		TRANSFER OF EMBRYO	$0.00	
58976		TRANSFER OF EMBRYO	$0.00	
59840		LEGAL-THERA ABORTION	$0.00	
59841		ABORTION	$0.00	
59866		ABORTION (MPR)	$0.00	
64550		APPLICATION OF SURF. NEUROSTIMULATOR	$23.81	
65770		REVISE CORNEA W IMPLANT	$0.00	
77051		CAD DIAGNOSTIC MAMMOGRAPHY	$10.33	
77052		SCREENING MAMMOGRAPHY	$10.33	
77055		MAMMOGRAM ONE BREAST	$74.46	
77056		MAMMOGRAM BOTH BREASTS	$97.37	
77057		MAMMOGRAM SCREENING	$80.56	
77063		BREAST TOMOSYNTHESIS BI	$52.13	
77065		DX MAMMO INCL CAD UNI	$74.46	

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77066		DX MAMMO INCL CAD BI	$97.37	
77067		SCR MAMMO BI INCL CAD	$80.56	
78267		BREATH TST ATTAIN/ANAL C-14	$11.41	
78268		BREATH TEST ANALYSIS C-14	$97.79	
80047		METABOLIC PANEL IONIZED CA	$12.73	
80048		BASIC METABOLIC PANEL	$12.28	
80050		GENERAL HEALTH PANEL	$56.47	
80051		ELECTROLYTE PANEL	$10.18	
80053		COMPREHEN METABOLIC PANEL	$15.34	
80055		OBSTETRIC PROFILE	$45.56	
80061		LIPID PROFILE	$19.44	
80069		RENAL FUNCTION PANEL	$12.60	
80074		ACUTE HEPATITIS PANEL	$68.19	
80076		HEPATIC FUNCTION PANEL	$11.86	
80081		OBSTETRIC PANEL	$94.25	
80150		AMIKACIN	$21.89	
80156		ASSAY CARBAMAZEPINE TOTAL	$21.14	
80157		ASSAY CARBAMAZEPINE FREE	$19.45	
80158		DRUG ASSAY CYCLOSPORINE	$26.21	
80159		DRUG ASSAY CLOZAPINE	$23.70	
80162		ASSAY OF DIGOXIN TOTAL	$19.28	
80163		ASSAY OF DIGOXIN FREE	$16.98	
80164		ASSAY DIPROPYLACETIC ACID	$19.67	
80165		DIPROPYLACETIC ACID FREE	$17.33	
80168		ETHOSUXIMIDE	$23.42	

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80170		ASSAY OF GENTAMICIN	$22.02	
80173		ASSAY OF HALOPERIDOL	$21.37	
80175		DRUG SCREEN QUAN LAMOTRIGINE	$17.00	
80176		ASSAY OF LIDOCAINE	$21.32	
80177		DRUG SCRN QUAN LEVETIRACETAM	$17.00	
80178		ASSAY OF LITHIUM	$9.59	
80183		DRUG SCRN QUANT OXCARBAZEPIN	$17.00	
80184		ASSAY OF PHENOBARBITAL	$16.63	
80185		ASSAY OF PHENYTOIN TOTAL	$18.42	
80186		ASSAY OF PHENYTOIN FREE	$18.43	
80188		ASSAY OF PRIMIDONE	$24.08	
80190		ASSAY OF PROCAINAMIDE	$24.32	
80192		ASSAY OF PROCAINAMIDE	$24.32	
80194		ASSAY OF QUINIDINE	$19.83	
80195		ASSAY OF SIROLIMUS	$20.14	
80197		ASSAY OF TACROLIMUS	$19.92	
80198		ASSAY OF THEOPHYLLINE	$20.54	
80200		ASSAY OF TOBRAMYCIN	$23.40	
80201		ASSAY OF TOPIRAMATE	$17.30	
80202		ASSAY OF VANCOMYCIN	$19.67	
80203		DRUG SCREEN QUANT ZONISAMIDE	$17.00	
80299		QUANTITATIVE ASSAY DRUG	$19.86	
80400		ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	$38.41	
80402		ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	$87.84	
80406		ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE	$61.90	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE IN	$182.19	
80410		CALCITONIN STIMUL PANEL	$108.64	
80412		CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	$451.67	
80414		CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE	$74.96	
80415		CHORIONIC GONADOTROPHIN STIMULATION PANEL; ESTRADIOL RE	$81.13	
80416		RENIN STIMULATION PANEL	$191.62	
80417		RENIN STIMULATION PANEL	$63.87	
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	$823.51	
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	$95.63	
80422		GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	$66.91	
80424		GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	$73.33	
80426		GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	$215.52	
80428		GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION	$96.82	
80430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATIO	$113.89	
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	$196.09	
80434		INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	$124.48	
80435		INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	$149.48	
80436		METYRAPONE PANEL	$123.40	
80438		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	$73.15	
80439		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	$97.52	
81000		URINALYSIS NONAUTO W/SCOPE	$4.59	
81001		URINALYSIS AUTO W/SCOPE	$4.59	
81002		ROUTINE URINALYSIS W/O MICRO	$3.72	
81003		URINALYSIS AUTO W/O SCOPE	$3.26	
81005		URINALYSIS CHEMICAL QUALITATIVE	$2.70	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
81007		URINALYSIS BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE	$3.73	
81015		MICROSCOPIC URINE EXAM	$4.41	
81020		URINALYSIS GLASS TEST	$5.41	
81025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHOD	$6.31	
81050		URINALYSIS VOLUME MEASURE	$4.34	
81099		UNLISTED URINALYSIS PROCEDURE	$12.14	
81162		BRCA1&2 SEQ & FULL DUP/DEL	$2,297.68	
81170		ABL1 GENE	$304.57	
81206		BCR/ABL1 GENE MAJOR BP	$210.17	
81211		BRCA1&2 SEQ & COM DUP/DE	$2,012.46	
81212		BRCA1&2 185&5385&6174 VA	$158.63	
81213		BRCA1&2 UNCOM DUP/DEL VA	$523.13	
81214		BRCA1 FULL SEQ & COM DUP	$1,291.09	
81215		BRCA1 GENE KNOWN FAM VAR	$83.71	
81216		BRCA2 GENE FULL SEQUENCE	$2,397.32	
81217		BRCA2 GENE KNOWN FAM VAR	$83.71	
81218		CEBPA GENE FULL SEQUENCE	$304.57	
81219		CALR GENE COM VARIANTS	$153.14	
81220		CFTR GENE COM VARIANTS	$218.66	
81223		CFTR GENE FULL SEQUENCE	$1,694.32	
81224		CFTR GENE INTRON POLY T	$0.00	
81229		CYTOGEN M ARRAY COPY NO&SNP	$1,114.59	
81235		EGFR GENE COM VARIANTS	$310.05	
81240		F2 GENE	$63.08	
81241		F5 GENE	$78.33	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
81245		FLT3 GENE	$155.89	
81246		FLT3 GENE ANALYSIS	$0.00	
81257		HBA1/HBA2 GENE	$185.61	
81270		JAK2 GENE	$127.93	
81272		KIT GENE TARGETED SEQ ANALYS	$304.57	
81273		KIT GENE ANALYS D816 VARIANT	$115.41	
81276		KRAS GENE ADDL VARIANTS	$164.16	
81287		MGMT GENE METHYLATION AN	$0.00	
81288		MLH1 GENE	$0.00	
81291		MTHFR GENE	$55.95	
81292		MLH1 GENE FULL SEQ	$0.00	
81293		MLH1 GENE KNOWN VARIANTS	$0.00	
81294		MLH1 GENE DUP/DELETE VAR	$0.00	
81295		MSH2 GENE FULL SEQ	$0.00	
81296		MSH2 GENE KNOWN VARIANTS	$0.00	
81297		MSH2 GENE DUP/DELETE VAR	$0.00	
81298		MSH6 GENE FULL SEQ	$0.00	
81299		MSH6 GENE KNOWN VARIANTS	$0.00	
81300		MSH6 GENE DUP/DELETE VAR	$0.00	
81301		MICROSATELLITE INSTABILI	$0.00	
81302		MECP2 GENE FULL SEQ	$0.00	
81303		MECP2 GENE KNOWN VARIANT	$0.00	
81304		MECP2 GENE DUP/DELET VAR	$0.00	
81310		NPM1 GENE	$232.20	
81311		NRAS GENE VARIANTS EXON 2&3	$246.23	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
81313		PCA3/KLK3 ANTIGEN	$0.00	
81314		PDGFRA GENE	$304.57	
81317		PMS2 GENE FULL SEQ ANALY	$0.00	
81318		PMS2 KNOWN FAMILIAL VARI	$0.00	
81319		PMS2 GENE DUP/DELET VARI	$0.00	
81321		PTEN GENE FULL SEQUENCE	$0.00	
81322		PTEN GENE KNOWN FAM VARI	$0.00	
81323		PTEN GENE DUP/DELET VARI	$0.00	
81324		PMP22 GENE DUP/DELET	$0.00	
81325		PMP22 GENE FULL SEQUENCE	$0.00	
81326		PMP22 GENE KNOWN FAM VAR	$0.00	
81327		SEPT9 METHYLATION ANALYS	$0.00	
81330		SMPD1 GENE COMMON VARIAN	$0.00	
81370		HLA I & II TYPING LR	$515.44	
81376		HLA II TYPING 1 LOCUS LR	$156.67	
81379		HLA I TYPING COMPLETE HR	$429.88	
81380		HLA I TYPING 1 LOCUS HR	$227.19	
81400		MOPATH PROCEDURE LEVEL 1	$91.53	
81402		MOPATH PROCEDURE LEVEL 3	$109.87	
81403		MOPATH PROCEDURE LEVEL 4	$103.75	
81404		MOPATH PROCEDURE LEVEL 5	$247.52	
81406		MOPATH PROCEDURE LEVEL 7	$393.93	
81410		AORTIC DYSFUNCTION/DILATION	$0.00	
81411		AORTIC DYSFUNCTION/DILATION	$0.00	
81412		ASHKENAZI JEWISH ASSOC DIS	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
81415		EXOME SEQUENCE ANALYSIS	$0.00	
81416		EXOME SEQUENCE ANALYSIS	$0.00	
81417		EXOME RE-EVALUATION	$0.00	
81425		GENOME SEQUENCE ANALYSIS	$0.00	
81426		GENOME SEQUENCE ANALYSIS	$0.00	
81427		GENOME RE-EVALUATION	$0.00	
81435		HEREDITARY COLON CA DSORDRS	$0.00	
81436		HEREDITARY COLON CA DSORDRS	$0.00	
81440		MITOCHONDRIAL GENE	$0.00	
81445		TARGETED GENOMIC SEQ ANALYS	$0.00	
81450		TARGETED GENOMIC SEQ ANALYS	$0.00	
81455		TARGETED GENOMIC SEQ ANALYS	$0.00	
81460		WHOLE MITOCHONDRIAL GENOME	$0.00	
81465		WHOLE MITOCHONDRIAL GENOME	$0.00	
81479		UNLISTED MOLECULAR PATHOLOGY	$621.97	
81504		ONCOLOGY TISSUE OF ORIGI	$0.00	
81511		FTL CGEN ABNOR FOUR ANAL	$125.79	
81519		ONCOLOGY BREAST MRNA	$0.00	
81528		ONCOLOGY COLORECTAL SCR	$452.24	
81535		ONCOLOGY GYNECOLOGIC	$0.00	
81536		ONCOLOGY GYNECOLOGIC	$0.00	
81538		ONCOLOGY LUNG	$0.00	
81539		ONCOLOGY PROSTATE PROB S	$0.00	
81595		CARDIOLOGY HRT TRNSPL MRNA	$0.00	
82009		ACETONE,QUALITATIVE	$6.56	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
82010		ACETONE BLOOD	$11.29	
82013		ACETLCHOLINESTERASE	$16.22	
82016		ACYLCARNITINES QUAL	$20.13	
82017		ACYLCARNITINES QUANT	$8.39	
82024		ASSAY OF ACTH	$56.07	
82030		ASSAY OF ADP & AMP	$16.38	
82040		ASSAY OF SERUM ALBUMIN	$7.19	
82042		ASSAY OF URINE ALBUMIN	$7.52	
82043		MICROALBUMIN QUANTITATIVE	$8.40	
82044		MICROALBUMIN SEMIQUANT	$6.66	
82045		ALBUMIN ISCHEMIA MODIFIED	$49.83	
82075		ASSAY OF BREATH ETHANOL	$17.51	
82085		ALDOLASE, KINETIC ULTRAVIOLET	$14.09	
82088		ASSAY OF ALDOSTERONE	$59.17	
82103		ALPHA-1-ANTITRYPSIN TOTAL	$19.49	
82104		ALPHA-1-ANTITRYPSIN PHENO	$20.99	
82105		ALPHA-FETOPROTEIN SERUM	$24.35	
82106		ALPHA-FETOPROTEIN AMNIOTIC	$24.35	
82107		AFP-L3 FRACTION ISOFORM & TOTAL AFP	$94.54	
82108		ASSAY OF ALUMINUM	$36.99	
82120		AMINES VAGINAL FLUID QUAL	$3.64	
82127		AMINO ACID SINGLE QUAL	$20.13	
82128		AMINO ACIDS MULT QUAL	$20.13	
82131		AMINO ACIDS SINGLE QUANT	$8.39	
82135		ASSAY AMINOLEVULINIC ACID	$23.91	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
82136		AMINO ACIDS QUANT 2-5	$8.39	
82139		AMINO ACIDS QUAN 6 OR MORE	$8.39	
82140		AMMONIA BLOOD	$21.16	
82143		AMINIOTIC FLUID SCAN	$9.44	
82150		AMYLASE BLOOD QUANTITATIVE	$9.41	
82154		ANDROSTANEDIOL GLUCURONIDE	$41.86	
82157		ANDROSTENEDIONE RIA	$42.51	
82160		ASSAY OF ANDROSTERONE	$36.30	
82163		ANGIOTENSIN II,RIA	$27.86	
82164		ANGIOTENSIN-CONVERTING ENZYME	$21.19	
82175		ARSENIC	$27.55	
82180		ASCORBIC ACID BLOOD	$14.36	
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	$21.64	
82232		ASSAY OF BETA-2 PROTEIN	$23.49	
82239		BILE ACIDS TOTAL	$10.36	
82240		BILE ACIDS CHOLYLGLYCINE	$38.58	
82247		BILIRUBIN TOTAL	$7.29	
82248		BILIRUBIN DIRECT	$7.29	
82252		BILIRUBIN,FECES,QUALITATIVE	$6.59	
82261		ASSAY OF BIOTINIDASE	$8.55	
82270		OCCULT BLOOD FECES	$3.68	
82271		OCCULT BLOOD OTHER SOURCES	$3.98	
82272		OCCULT BLD FECES 1-3 TESTS	$3.98	
82274		ASSAY TEST FOR BLOOD FECAL	$23.34	
82286		BRADYKININ	$8.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
82300		ASSAY OF CADMIUM	$33.59	
82306		VITAMIN D 25 HYDROXY	$42.98	
82308		CALCITONIN,RIA	$34.30	
82310		ASSAY OF CALCIUM	$7.49	
82330		ASSAY OF CALCIUM	$19.83	
82331		CALCIUM AFTER CALCIUM INFUSION TEST	$7.52	
82340		ASSAY OF CALCIUM IN URINE	$6.78	
82355		CALCULUS ANALYSIS QUAL	$14.59	
82360		CALCULUS ASSAY QUANT	$18.70	
82365		CALCULUS SPECTROSCOPY	$18.72	
82370		X-RAY ASSAY CALCULUS	$18.20	
82373		ASSAY C-D TRANSFER MEASURE	$26.51	
82374		ASSAY BLOOD CARBON DIOXIDE	$7.10	
82375		ASSAY CARBOXYHB QUANT	$15.86	
82376		ASSAY CARBOXYHB QUAL	$8.70	
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	$27.55	
82379		ASSAY OF CARNITINE	$8.39	
82380		ASSAY OF CAROTENE	$13.39	
82382		ASSAY URINE CATECHOLAMINES	$24.96	
82383		ASSAY BLOOD CATECHOLAMINES	$36.37	
82384		ASSAY THREE CATECHOLAMINES	$36.66	
82387		ASSAY OF CATHEPSIN-D	$11.08	
82390		ASSAY OF CERULOPLASMIN	$15.60	
82397		CHEMILUMINESCENT ASSAY	$20.51	
82415		ASSAY OF CHLORAMPHENICOL	$18.39	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
82435		ASSAY OF BLOOD CHLORIDE	$6.68	
82436		ASSAY OF URINE CHLORIDE	$7.30	
82438		ASSAY OTHER FLUID CHLORIDES	$7.10	
82441		CHLORINATED HYDROCARBONS,SCREEN	$8.72	
82465		ASSAY BLD/SERUM CHOLESTEROL	$6.33	
82480		ASSAY SERUM CHOLINESTERASE	$11.44	
82482		ASSAY RBC CHOLINESTERASE	$11.16	
82485		ASSAY CHONDROITIN SULFATE	$8.00	
82495		ASSAY OF CHROMIUM	$29.44	
82507		ASSAY OF CITRATE	$8.00	
82523		COLLAGEN CROSSLINKS	$27.14	
82525		ASSAY OF COPPER	$18.00	
82528		ASSAY OF CORTICOSTERONE	$8.00	
82530		CORTISOL FREE	$24.27	
82533		CORTISOL;RIA,PLASMA	$18.05	
82540		ASSAY OF CREATINE	$6.73	
82542		COL CHROMOTOGRAPHY QUAL/QUAN	$26.22	
82550		ASSAY OF CK (CPK)	$9.56	
82552		ASSAY OF CPK IN BLOOD	$19.44	
82553		CREATINE MB FRACTION	$16.75	
82554		CREATINE ISOFORMS	$17.22	
82565		ASSAY OF CREATININE	$7.44	
82570		ASSAY OF URINE CREATININE	$7.52	
82575		CREATININE,CLEARANCE *	$13.56	
82585		ASSAY OF CRYOFIBRINOGEN	$12.46	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
82595		ASSAY OF CRYOGLOBULIN	$8.82	
82600		ASSAY OF CYANIDE	$28.17	
82607		CYANOCOBALAMIN;RIA	$21.89	
82608		CYANOCOBALAMIN UNSATURATED BIND CAP	$20.80	
82610		CYSTATIN C	$16.24	
82615		CYSTINE,URINE,QUALITATIVE	$11.86	
82626		DEHDROEPIANDROSTERONE,RIA	$8.44	
82627		DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	$32.27	
82633		DESOXYCORTICOSTERONE,11-RIA	$44.96	
82634		DESOXYCORTISOL,11-(COMPOND S),RIA	$42.51	
82638		ASSAY OF DIBUCAINE NUMBER	$17.78	
82652		VIT D 1 25-DIHYDROXY	$55.87	
82656		PANCREATIC ELASTASE FECAL	$16.94	
82657		ENZYME CELL ACTIVITY	$26.22	
82658		ENZYME CELL ACTIVITY RA	$26.22	
82664		ELECTROPHORETIC TECHNIQUE,NOS	$49.88	
82668		ASSAY OF ERYTHROPOIETIN	$27.28	
82670		ASSAY OF ESTRADIOL	$40.57	
82671		ASSAY OF ESTROGENS	$46.89	
82672		ASSAY OF ESTROGEN	$21.62	
82677		ASSAY OF ESTRIOL	$35.12	
82679		ASSAY OF ESTRONE	$36.24	
82693		ASSAY OF ETHYLENE GLYCOL	$21.63	
82696		ASSAY OF ETIOCHOLANOLONE	$34.25	
82705		FATS/LIPIDS FECES QUAL	$4.35	

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82710		FATS/LIPIDS FECES QUANT	$24.39	
82715		ASSAY OF FECAL FAT	$25.00	
82725		ASSAY OF BLOOD FATTY ACIDS	$17.13	
82726		LONG CHAIN FATTY ACIDS	$26.22	
82728		ASSAY OF FERRITIN	$19.78	
82731		ASSAY OF FETAL FIBRONECTIN	$21.89	
82735		ASSAY OF FLUORIDE	$26.93	
82746		ASSAY OF FOLIC ACID SERUM	$21.35	
82747		ASSAY OF FOLIC ACID RBC	$23.16	
82757		ASSAY OF SEMEN FRUCTOSE	$25.18	
82759		ASSAY OF RBC GALACTOKINASE	$8.00	
82760		ASSAY OF GALACTOSE	$16.25	
82775		GALACTOSE-1-PO4 URIDYL TRANSFERASE	$25.74	
82776		GALACTOSE-1-PHOSPHATE URIDYL SCREEN	$8.00	
82777		GALECTIN 3	$0.00	
82784		ASSAY IGA/IGD/IGG/IGM EACH	$13.49	
82785		ASSAY OF GAMMAGLOBULIN IGE	$23.19	
82787		IGG 1 2 3 OR 4 EACH	$6.76	
82800		GASES,BLOOD,LH,ARTERIA OR RENOUS	$12.29	
82803		BLOOD GASES ANY COMBINATION	$28.41	
82805		BLOOD GASES W/O2 SATURATION	$39.24	
82810		BLOOD GASES O2 SAT ONLY	$9.67	
82820		HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATU	$13.34	
82930		GASTRIC ANALY W/PH EA SPEC	$8.07	
82938		GASTRIN (SERUM) AFTER SECRETIN STIMULATION (EG, FOR GAS	$25.71	

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82941		GASTRIN,RIA	$25.60	
82943		GLUCAGON,RIA	$5.12	
82945		GLUCOSE OTHER FLUID	$5.75	
82946		GLUCAGON TOLERANCE TEST	$21.89	
82947		ASSAY GLUCOSE BLOOD QUANT	$5.70	
82948		GLUCOSE,BLOOD,STICK TEST	$4.59	
82950		GLUCOSE,POST GLUCOSE TEST	$6.89	
82951		GLUCOSE TOLERANCE TEST,3 SPECIMENS	$18.70	
82952		GLUCOSE TOLERANCE TEST,E/ADDITIONAL	$3.21	
82955		ASSAY OF G6PD ENZYME	$14.07	
82960		G6PD SCREEN	$8.81	
82962		GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED	$2.72	
82963		ASSAY OF GLUCOSIDASE	$31.19	
82965		ASSAY OF GDH ENZYME	$11.21	
82977		GAMMA-GLUTAMYL TRANSPEPTIDASE (GGT)	$10.45	
82978		ASSAY OF GLUTATHIONE	$8.00	
82979		ASSAY RBC GLUTATHIONE	$8.00	
82985		ASSAY OF GLYCATED PROTEIN	$21.89	
83001		ASSAY OF GONADOTROPIN (FSH)	$26.99	
83002		ASSAY OF GONADOTROPIN (LH)	$26.90	
83003		ASSAY GROWTH HORMONE (HGH)	$24.21	
83006		GROWTH STIMULATION GENE 2	$28.12	
83009		H PYLORI (C-13) BLOOD	$98.86	
83010		ASSAY OF HAPTOGLOBIN QUANT	$18.26	
83012		ASSAY OF HAPTOGLOBINS	$24.96	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
83013		H PYLORI (C-13) BREATH	$98.86	
83014		H PYLORI DRUG ADMIN/COLLECT	$11.41	
83015		HEAVY METAL SCREEN, CHEMICAL	$27.34	
83018		QUANTITATIVE SCREEN METALS	$31.88	
83020		ELECTROPHORESIS HEMOGLOBIN	$5.96	
83021		HEMOGLOBIN CHROMOTOGRAPHY	$26.22	
83026		HEMOGLOBIN COPPER SULFATE	$3.42	
83030		FETAL HEMOGLOBIN CHEMICAL	$12.02	
83033		FETAL HEMOGLOBIN ASSAY QUAL	$8.66	
83036		HEMOGLOBIN, GLYCOSYLATED	$12.80	
83037		GLYCOSYLATED HB HOME DEVICE	$13.66	
83045		HEMOGLOBIN,METHEMOGLOBIN,QUALITATIVE	$7.19	
83050		HEMOGLOBIN,METHEMOGLOBIN,QUANT.	$5.71	
83051		ASSAY OF PLASMA HEMOGLOBIN	$10.62	
83060		HEMOGLOBIN,SULFHEMOGLOBIN,QUANT.	$12.02	
83065		ASSAY OF HEMOGLOBIN HEAT	$8.00	
83068		HEMOGLOBIN,UNSTABLE,SCREEN	$12.29	
83069		ASSAY OF URINE HEMOGLOBIN	$3.43	
83070		ASSAY OF HEMOSIDERIN QUAL	$5.12	
83080		ASSAY OF B HEXOSAMINIDASE	$8.39	
83088		ASSAY OF HISTAMINE	$36.97	
83090		ASSAY OF HOMOCYSTINE	$24.76	
83150		ASSAY OF HOMOVANILLIC ACID	$28.08	
83491		ASSAY OF CORTICOSTEROIDS 17	$25.43	
83497		ASSAY OF 5-HIAA	$18.72	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
83498		ASSAY OF PROGESTERONE 17-D	$23.42	
83499		ASSAY OF PROGESTERONE 20-	$36.59	
83500		ASSAY FREE HYDROXYPROLINE	$32.88	
83505		ASSAY TOTAL HYDROXYPROLINE	$35.29	
83516		IMMUNOASSAY NONANTIBODY	$16.75	
83518		IMMUNOASSAY DIPSTICK	$12.30	
83519		IMMUNOASSAY, NONANTIBODY	$11.06	
83520		IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	$18.23	
83525		INSULIN,RIA	$16.61	
83527		INSULIN; FREE	$18.80	
83528		ASSAY OF INTRINSIC FACTOR	$23.08	
83540		ASSAY OF IRON	$8.52	
83550		IBC-SERUM-CHEMICAL *	$11.75	
83570		ASSAY OF IDH ENZYME	$10.94	
83582		ASSAY OF KETOGENIC STEROIDS	$20.58	
83586		ASSAY 17- KETOSTEROIDS	$18.58	
83593		FRACTIONATION KETOSTEROIDS	$38.18	
83605		ASSAY OF LACTIC ACID	$15.51	
83615		LDH-BLOOD-KINETIC ULTRAVIOLET *	$8.77	
83625		ASSAY OF LDH ENZYMES	$18.58	
83630		LACTOFERRIN FECAL (QUAL)	$28.81	
83631		LACTOFERRIN FECAL (QUANT)	$28.81	
83632		LACTOGEN,PLACENTAL(HPL),RIA	$29.34	
83633		LACTOSE,URINE;QUALITATIVE	$3.43	
83655		ASSAY OF LEAD	$17.56	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
83661		L/S RATIO FETAL LUNG	$31.91	
83662		FOAM STABILITY FETAL LUNG	$27.76	
83663		FLUORO POLARIZE FETAL LUNG	$27.76	
83664		LAMELLAR BDY FETAL LUNG	$27.76	
83670		ASSAY OF LAP ENZYME	$13.30	
83690		ASSAY OF LIPASE	$10.00	
83695		ASSAY OF LIPOPROTEIN(A)	$19.00	
83698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	$49.83	
83700		LIPOPRO BLD ELECTROPHORETIC	$16.52	
83701		LIPOPROTEIN BLD HR FRACTION	$36.44	
83704		LIPOPROTEIN BLD BY NMR	$46.30	
83718		ASSAY OF LIPOPROTEIN	$9.61	
83719		ASSAY OF BLOOD LIPOPROTEIN	$16.89	
83721		ASSAY OF BLOOD LIPOPROTEIN	$13.85	
83727		ASSAY OF LRH HORMONE	$24.96	
83735		ASSAY OF MAGNESIUM	$9.73	
83775		ASSAY MALATE DEHYDROGENASE	$10.71	
83785		MANGANE-BLOOD OR URINE	$25.74	
83789		MASS SPECTROMETRY QUAL/QUAN	$26.22	
83825		ASSAY OF MERCURY	$23.60	
83835		ASSAY OF METANEPHRINES	$21.62	
83857		ASSAY OF METHEMALBUMIN	$13.69	
83861		MICROFLUID ANALY TEARS	$24.42	
83864		MUCOPOLYSACCHARIDES-ACID-BLOOD	$25.74	
83872		MUCIN,SYNOVIAL FLUID (ROPE TEST)	$8.50	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
83873		ASSAY OF CSF PROTEIN	$24.98	
83874		ASSAY OF MYOGLOBIN	$18.74	
83876		ASSAY MYELOPEROXIDASE	$50.17	
83880		ASSAY OF NATRIURETIC PEPTIDE	$49.83	
83883		ASSAY NEPHELOMETRY NOT SPEC	$15.21	
83885		ASSAY OF NICKEL	$35.57	
83915		ASSAY OF NUCLEOTIDASE	$16.20	
83916		OLIGOCLONAL IMMUNE GLOBULIN	$29.19	
83918		ORGANIC ACIDS TOTAL QUANT	$17.13	
83919		ORGANIC ACIDS QUAL EACH	$18.29	
83921		ORGANIC ACID SINGLE QUANT	$18.29	
83930		ASSAY OF BLOOD OSMOLALITY	$8.57	
83935		ASSAY OF URINE OSMOLALITY	$8.57	
83937		ASSAY OF OSTEOCALCIN	$43.35	
83945		ASSAY OF OXALATE	$18.70	
83950		ONCOPROTEIN HER-2/NEU	$94.54	
83951		ONCOPROTEIN DCP	$96.91	
83970		PARATHORMONE,RIA	$59.93	
83986		ASSAY OF BODY FLUID ACIDITY	$5.21	
83987		EXHALED BREATH CONDENSATE	$23.90	
83992		PHENCYCLIDINE (PCP)	$21.34	
83993		ASSAY FOR CALPROTECTIN FECAL	$28.81	
84030		ASSAY OF BLOOD PKU	$5.39	
84035		ASSAY OF PHENYLKETONES	$5.12	
84060		ACID PHOSPATASE-BLOOD *	$10.72	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
84061		PHOSPHATASE FORENSIC EXAM	$11.13	
84066		PHOSPHATASE,ACID,BLD, PROST FRAC RIA	$14.02	
84075		ALKALINE PHOSPHATASE-BLOOD *	$7.52	
84078		PHOSPHATASE,HEAT STABLE	$10.36	
84080		ALKALINE PHOSPHATASE-FRACTIONATED	$21.47	
84081		ASSAY PHOSPHATIDYLGLYCEROL	$23.99	
84085		ASSAY OF RBC PG6D ENZYME	$9.79	
84087		PHOSPHOHEXOSE ISOMERASE	$14.99	
84100		ASSAY OF PHOSPHORUS	$6.89	
84105		ASSAY OF URINE PHOSPHORUS	$7.52	
84106		PORPHOBILINOGEN-URINE-QUALITATIVE	$4.35	
84110		ASSAY OF PORPHOBILINOGEN	$8.57	
84112		PLACENTA ALPHA MICRO IG C/V	$95.20	
84119		PORPHYRINS,COPRO-,URINE;QUALITATIVE	$12.51	
84120		ASSAY OF URINE PORPHYRINS	$21.36	
84126		ASSAY OF FECES PORPHYRINS	$36.97	
84132		ASSAY OF SERUM POTASSIUM	$6.68	
84133		ASSAY OF URINE POTASSIUM	$6.23	
84134		ASSAY OF PREALBUMIN	$7.78	
84135		ASSAY OF PREGNANEDIOL	$27.77	
84138		ASSAY OF PREGNANETRIOL	$27.48	
84140		ASSAY OF PREGNENOLONE	$11.75	
84143		ASSAY OF 17-HYDROXYPREGNENO	$11.75	
84144		ASSAY OF PROGESTERONE	$30.30	
84145		PROCALCITONIN (PCT)	$36.87	

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84146		ASSAY OF PROLACTIN	$28.12	
84150		PROSTAGLANDIN,ANY ONE,RIA	$8.00	
84152		ASSAY OF PSA COMPLEXED	$27.00	
84153		ASSAY OF PSA TOTAL	$26.69	
84154		ASSAY OF PSA FREE	$26.69	
84155		ASSAY OF PROTEIN SERUM	$5.31	
84156		ASSAY OF PROTEIN URINE	$5.37	
84157		ASSAY OF PROTEIN OTHER	$5.37	
84160		ASSAY OF PROTEIN ANY SOURCE	$5.12	
84163		PAPPA SERUM	$22.10	
84165		PROTEIN E-PHORESIS SERUM	$15.60	
84166		PROTEIN E-PHORESIS/URINE/CSF	$26.18	
84181		PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT,	$20.62	
84182		PROTEIN WESTERN BLOT TEST	$20.62	
84202		PROTOPORPHYRIN,RBC,QUANTITATIVE	$20.83	
84203		PROTOPORPHYRIN,SCREEN	$8.00	
84206		PROINSULIN,RIA	$23.64	
84207		ASSAY OF VITAMIN B-6	$40.78	
84210		ASSAY OF PYRUVATE	$12.91	
84220		ASSAY OF PYRUVATE KINASE	$12.91	
84228		ASSAY OF QUININE	$8.00	
84233		ASSAY OF ESTROGEN	$94.54	
84234		ASSAY OF PROGESTERONE	$95.21	
84235		ASSAY OF ENDOCRINE HORMONE	$75.96	
84238		ASSAY NONENDOCRINE RECEPTOR	$53.09	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
84244		RENIN(RIA)	$31.93	
84252		ASSAY OF VITAMIN B-2	$29.37	
84255		ASSAY OF SELENIUM	$37.06	
84260		ASSAY OF SEROTONIN	$44.96	
84270		ASSAY OF SEX HORMONE GLOBUL	$31.55	
84275		ASSAY OF SIALIC ACID	$19.49	
84285		ASSAY OF SILICA	$34.19	
84295		ASSAY OF SERUM SODIUM	$6.99	
84300		ASSAY OF URINE SODIUM	$7.07	
84302		ASSAY OF SWEAT SODIUM	$7.13	
84305		ASSAY OF SOMATOMEDIN	$27.00	
84307		ASSAY OF SOMATOSTATIN	$25.78	
84311		SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	$10.15	
84315		SPECIF GRAVITY-EXCLUDING URINE	$3.64	
84375		CHROMATOGRAM ASSAY SUGARS	$28.46	
84376		SUGARS SINGLE QUAL	$3.64	
84377		SUGARS MULTIPLE QUAL	$3.64	
84378		SUGARS SINGLE QUANT	$16.72	
84379		SUGARS MULTIPLE QUANT	$16.72	
84392		ASSAY OF URINE SULFATE	$6.89	
84402		ASSAY OF FREE TESTOSTERONE	$36.96	
84403		ASSAY OF TOTAL TESTOSTERONE	$37.49	
84425		ASSAY OF VITAMIN B-1	$12.91	
84430		ASSAY OF THIOCYANATE	$12.04	
84431		THROMBOXANE URINE	$19.47	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
84432		ASSAY OF THYROGLOBULIN	$22.07	
84436		ASSAY OF TOTAL THYROXINE	$7.66	
84437		ASSAY OF NEONATAL THYROXINE	$8.95	
84439		ASSAY OF FREE THYROXINE	$9.72	
84442		ASSAY OF THYROID ACTIVITY	$11.92	
84443		THYROID STIMULATING HORMONE,RIA	$24.39	
84445		ASSAY OF TSI GLOBULIN	$73.83	
84446		ASSAY OF VITAMIN E	$20.59	
84449		ASSAY OF TRANSCORTIN	$26.13	
84450		SGOT-TIMED KINETIC UV METHOD *	$7.51	
84460		SGPT-TIMED KINETIC UV METHOD *	$7.68	
84466		ASSAY OF TRANSFERRIN	$18.54	
84478		ASSAY OF TRIGLYCERIDES	$8.35	
84479		ASSAY OF THYROID (T3 OR T4)	$9.40	
84480		ASSAY TRIIODOTHYRONINE (T3)	$19.96	
84481		TRIODOTHYRONINE, FT-3 RIA UNBOUND T3	$24.60	
84482		T3 REVERSE	$22.88	
84484		ASSAY OF TROPONIN QUANT	$9.72	
84485		TRIPSIN-DUODENAL FLUID	$10.89	
84488		TRYPSIN-FECES-QUALITATIVE 24-HR	$8.57	
84490		ASSAY OF FECES FOR TRYPSIN	$11.05	
84510		ASSAY OF TYROSINE	$15.11	
84512		ASSAY OF TROPONIN QUAL	$11.17	
84520		ASSAY OF UREA NITROGEN	$5.72	
84525		BUN-STICK TEST *	$3.43	

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84540		ASSAY OF URINE/UREA-N	$6.89	
84545		UREA NITROGEN-URINE-CLEARANCE	$9.58	
84550		ASSAY OF BLOOD/URIC ACID	$6.56	
84560		ASSAY OF URINE/URIC ACID	$6.89	
84577		ASSAY OF FECES/UROBILINOGEN	$18.12	
84578		UROBILINOGEN-URINE-QUALITATIVE	$4.35	
84580		ASSAY OF URINE UROBILINOGEN	$10.30	
84583		ASSAY OF URINE UROBILINOGEN	$7.30	
84585		ASSAY OF URINE VMA	$22.51	
84586		ASSAY OF VIP	$51.30	
84588		ASSAY OF VASOPRESSIN	$49.28	
84590		ASSAY OF VITAMIN A	$16.07	
84591		ASSAY OF NOS VITAMIN	$17.02	
84597		ASSAY OF VITAMIN K	$19.88	
84600		ASSAY OF VOLATILES	$11.33	
84620		XYLOSE-TOLERANCE TEST-BLOOD	$17.19	
84630		ASSAY OF ZINC	$16.53	
84703		GONADOTROPIN, CHORIONIC; QUALITATIVE	$10.90	
84704		HCG FREE BETACHAIN TEST	$22.10	
84830		OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR	$14.57	
85002		BLEEDING TIME;IVY	$6.53	
85004		AUTOMATED DIFF WBC COUNT	$9.49	
85007		BLOOD COUNT;DIFFERENTIAL WBC COUNT	$5.00	
85008		BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIF	$5.00	
85009		DIFFERENTIAL WBC COUNT,BUFFY COAT	$5.40	

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85013		SPUN MICROHEMATOCRIT	$3.43	
85014		BLOOD COUNT HEMATOCRIT	$3.43	
85018		BLOOD COUNT,HEMOGLOBIN,COLORIMETRIC	$3.43	
85025		BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AN	$11.28	
85027		COMPLETE CBC AUTOMATED	$9.40	
85032		MANUAL CELL COUNT EACH	$6.32	
85041		BLOOD COUNT, RED BLOOD CELL (RBC)	$4.36	
85044		BLOOD COUNT,RETICULOCYTE COUNT	$6.23	
85045		BLOOD COUNT RETICULOCYTE COUNT, FLOW CYTOMETRY	$5.81	
85046		RETICYTE/HGB CONCENTRATE	$8.11	
85048		BLOOD COUNT,WHITE BLOOD CELL (WBC)	$3.65	
85049		AUTOMATED PLATELET COUNT	$6.56	
85055		RETICULATED PLATELET ASSAY	$26.56	
85130		CHROMOGENIC SUBSTRATE ASSAY	$9.72	
85170		CLOT RETRACTION	$3.43	
85175		CLOT LYSIS TIME	$6.59	
85210		CLOT FACTOR II PROTHROM SPEC	$17.63	
85220		BLOOC CLOT FACTOR V TEST	$25.61	
85230		CLOT FACTOR VII PROCONVERTIN	$26.00	
85240		CLOT FACTOR VIII AHG 1 STAGE	$26.00	
85244		CLOT FACTOR VIII RELTD ANTGN	$29.65	
85245		CLOT FACTOR VIII VW RISTOCTN	$33.33	
85246		CLOT FACTOR VIII VW ANTIGEN	$33.33	
85247		CLOT FACTOR VIII MULTIMETRIC	$33.33	
85250		CLOT FACTOR IX PTC/CHRSTMAS	$27.64	

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85260		CLOT FACTOR X STUART-POWER	$26.00	
85270		CLOT FACTOR XI PTA	$26.00	
85280		CLOT FACTOR XII HAGEMAN	$28.41	
85290		CLOT FACTOR XIII FIBRIN STAB	$23.71	
85291		CLOT FACTOR XIII FIBRIN SCRN	$12.90	
85292		CLOT FACTOR FLETCHER FACT	$27.49	
85293		CLOT FACTOR WGHT KININOGEN	$27.49	
85300		ANTITHROMBIN III ACTIVITY	$16.78	
85301		ANTITHROMBIN III ANTIGEN	$15.71	
85302		CLOT INHIBIT PROT C ANTIGEN	$17.46	
85303		CLOT INHIBIT PROT C ACTIVITY	$20.29	
85305		CLOT INHIBIT PROT S TOTAL	$16.83	
85306		CLOT INHIBIT PROT S FREE	$16.20	
85307		ASSAY ACTIVATED PROTEIN C	$17.28	
85335		FACTOR INHIBITOR TEST	$17.13	
85337		THROMBOMODULIN	$15.14	
85345		COAGULATION TIME LEE & WHITE	$4.87	
85347		COAGULATION TIME ACTIVATED	$6.17	
85348		COAGULATION TIME OTR METHOD	$5.40	
85360		EUGLOBULIN	$12.19	
85362		FIBRIN DEGRADATION;AGGLUTINATION	$10.00	
85366		FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); P	$7.99	
85370		FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); Q	$16.49	
85378		FIBRIN DEGRADE SEMIQUANT	$10.35	
85379		FIBRIN DEGRADATION QUANT	$11.15	

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85380		FIBRIN DEGRADJ D-DIMER	$11.89	
85384		FIBRINOGEN ACTIVITY	$12.32	
85385		FIBRINOGEN ANTIGEN	$12.32	
85390		FIBRINOLYSINS SCREEN I&R	$7.50	
85397		CLOTTING FUNCT ACTIVITY	$34.53	
85400		FIBRINOLYTIC MECHANISMS-PLASMIN	$11.91	
85410		FIBRINULYTIC MECHANISMS-ANTIPLASMIN	$10.60	
85415		FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVA	$24.96	
85420		FIBRINOLYTIC MECHANISMS-PLASMINOGEN	$9.49	
85421		FIBRINOLYTIC MECHANISMS; PLASMINOGEN, ANTIGENIC ASSAY	$14.78	
85441		HEINZ BODIES DIRECT	$6.11	
85445		HEINZ BODIES INDUCED	$9.90	
85460		HEMOGLOBIN FETAL	$11.23	
85461		HEMOGLOBIN FETAL	$9.63	
85475		HEMOLYSIN ACID	$12.88	
85520		HEPARIN ASSAY	$19.00	
85525		HEPARIN NEUTRALIZATION	$17.20	
85530		HEPARIN-PROOTAMINE TOLRANCE TEST	$20.59	
85536		IRON STAIN PERIPHERAL BLOOD	$9.49	
85540		LEUKOCYTE ALKALINE PHOSPHATE	$8.57	
85547		MECHANICAL FRAGILITY,RBC	$12.49	
85549		MURAMIDASE,SERUM	$27.23	
85555		OSMOTIC FRAGILITY,RBC	$9.71	
85557		OSMOTIC FRAGILITY,RBC;INCUBATED,QUAN	$19.39	
85576		PLATELET, AGGREGATION (IN VITRO), ANY AGENT	$20.46	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
85597		PLATELET NEUTRALIZATION	$21.16	
85598		HEXAGNAL PHOSPH PLTLT NEUTRL	$22.73	
85610		PROTHROMBIN TIME	$5.70	
85611		PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	$5.72	
85612		PROTHROMBIN TIME;RUSSELL VIPER VENOM	$13.32	
85613		RUSSELL VIPER VENOM DILUTED	$13.31	
85635		REPTILASE TEST	$14.31	
85651		RBC SED RATE NONAUTOMATED	$5.16	
85652		RBC SED RATE AUTOMATED	$3.91	
85660		SICKLE CELL TEST	$8.01	
85670		THROMBIN TIME PLASMA	$8.38	
85675		THROMBIN TIME TITER	$9.95	
85705		THROMBOPLASTIN INHIBITION; TISSUE	$8.00	
85730		THROMBOPLASTIN TIME PARTIAL	$8.72	
85732		THROMBOPLASTIN TIME PARTIAL	$9.40	
85810		BLOOD VISCOSITY EXAMINATION	$13.17	
85999		UNLISTED HEMATOLOGY PROCEDURE	$7.50	
86000		AGGLUTININS FEBRILE ANTIGEN	$10.14	
86001		ALLERGEN SPECIFIC IGG	$7.03	
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE, EACH PANEL OF UP T	$6.95	
86005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREE	$10.16	
86021		ANTIBODY IDENTIFICATION,LEUKOCYTE	$17.63	
86022		ANTIBODY IDENTIFICATION,PLATELET	$17.59	
86023		ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLO	$16.78	
86038		ANTI NUCLEAR ANTIBODIES (ANA) RIA	$17.55	

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86039		ANTINUCLEAR ANTIBODIES (ANA); TITER	$14.59	
86060		ANTISTREPTOLYSIN O TITER	$10.61	
86063		ANTISTREPTOLYSIN O SCREEN	$6.26	
86140		C-REACTIVE PROTEIN	$5.64	
86141		C-REACTIVE PROTEIN HS	$19.00	
86146		BETA-2 GLYCOPROTEIN ANTIBODY	$23.54	
86147		CARDIOLIPIN ANTIBODY EA IG	$22.07	
86148		ANTI-PHOSPHOLIPID ANTIBODY	$23.32	
86155		CHEMOTAXIS ASSAY	$17.98	
86156		COLD AGGLUTININ SCREEN	$8.32	
86157		COLD AGGLUTININ TITER	$8.32	
86160		COMPLEMENT ANTIGEN	$15.63	
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	$15.63	
86162		COMPLEMENT TOTAL (CH50)	$29.50	
86171		COMPLEMENT FIXATION EACH	$14.55	
86185		COUNTERELECTROPHORESIS,E/ANTIGEN	$13.00	
86200		CCP ANTIBODY	$19.00	
86215		DEOXYRIBONUCLEASE ANTIBODY	$19.25	
86225		DNA ANTIBODY NATIVE	$19.95	
86226		DNA ANTIBODY SINGLE STRAND	$17.57	
86235		EXTRACTABLE NUCLEAR ANTIGEN,ANTIBODY	$26.03	
86243		FC RECEPTOR ASSAY	$8.00	
86255		FLUORESCENT ANTIBODY SCREEN	$17.51	
86256		FLUORESCENT ANTIBODY TITER	$14.59	
86277		GROWTH HORMONE,HUMAN(HGH)ANTIBDY RIA	$22.85	

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86280		HEMAGGLUTINATION INHIBITION	$11.88	
86294		IMMUNOASSAY TUMOR QUAL	$28.80	
86300		IMMUNOASSAY TUMOR CA 15-3	$30.53	
86301		IMMUNOASSAY TUMOR CA 19-9	$30.53	
86304		IMMUNOASSAY TUMOR CA 125	$30.53	
86305		HUMAN EPIDIDYMIS PROTEIN 4	$31.30	
86308		HETEROPHILE ANTIBODY SCREEN	$7.52	
86309		HETEROPHILE ANTIBODY TITER	$9.40	
86310		HETEROPHILE ANTIBODY ABSRBJ	$10.71	
86316		IMMUNOASSAY TUMOR OTHER	$30.21	
86317		IMMUNOASSAY INFECTIOUS AGENT	$21.76	
86318		IMMUNOASSAY INFECTIOUS AGENT	$18.79	
86320		IMMUNDELETROPHORESIS-SERUM	$20.12	
86325		IMMUIOELECTROPHORESIS-URINE	$19.41	
86327		IMMUNOELECTROPHORESIS; CROSSED (2 DIMENSIONAL ASSAY)	$23.30	
86329		IMMUNODIFFUSION NES	$20.38	
86331		IMMUNODIFFUSION;GEL DIFFUSION QUAL	$8.00	
86332		IMMUNE COMPLEX ASSAY C1Q BINDING CELL	$35.38	
86334		IMMUNOFIX E-PHORESIS SERUM	$20.12	
86335		IMMUNFIX E-PHORSIS/URINE/CSF	$43.07	
86336		INHIBIN A	$19.00	
86337		INSULIN ANTIBODIES, RIA	$30.18	
86340		INTRINSIC FACTOR ANTIBODIES, RIA	$21.89	
86341		ISLET CELL ANTIBODY	$28.71	
86343		LEUKOCYTE HISTAMINE RELEASE TEST	$18.09	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
86344		LEUKOCYTE PHAGOCYTOSIS	$11.59	
86352		CELL FUNCTION ASSAY W/STIM	$102.22	
86353		LYMPHOCYTE TRANSFORMATION	$71.17	
86355		B CELLS TOTAL COUNT	$55.36	
86356		MONONUCLEAR CELL ANTIGEN	$26.56	
86357		NK CELLS TOTAL COUNT	$55.36	
86359		T CELLS TOTAL COUNT	$54.77	
86360		T CELL ABSOLUTE COUNT/RATIO	$69.46	
86361		T CELL ABSOLUTE COUNT	$26.25	
86367		STEM CELLS TOTAL COUNT	$55.36	
86376		MICROSOMAL ANTIBODY EACH	$21.13	
86378		MIGRATION INHIBITORY FACTOR TEST	$26.88	
86382		NEUTRALIZATION TEST VIRAL	$24.54	
86384		NITROBLUE TETRAZOLIUM DYE TEST (NTD)	$16.53	
86403		PARTICLE AGGLUT ANTBDY SCRN	$14.79	
86406		PARTICLE AGGLUT ANTBDY TITR	$15.44	
86430		RHEUMATOID FACTOR TEST QUAL	$8.00	
86431		RHEUMATOID FACTOR QUANT	$7.99	
86480		TB TEST, CELL IMMUN MEASURE	$90.93	
86481		TB AG RESPONSE T-CELL SUSP	$110.74	
86590		STREPTOKINASE ANTIBODY	$16.01	
86592		SYPHILIS,QUALITATIVE	$6.19	
86593		SYPHILIS,QUANTITATIVE	$6.40	
86602		ANTIBODY; ACTINOMYCES	$14.77	
86603		ADENOVIRUS ANTIBODY	$15.43	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
86606		ANTIBODY; ASPIRGILLUS	$8.00	
86609		BACTERIUM ANTIBODY	$18.71	
86611		BARTONELLA ANTIBODY	$14.94	
86612		BLASTOMYCES ANTIBODY	$15.43	
86615		ANTIBODY; BORDETELLA	$19.14	
86617		LYME DISEASE ANTIBODY	$22.49	
86618		ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	$25.01	
86619		ANTIBODY; BORRELIA (RELAPSING FEVER)	$19.42	
86622		BRUCELLA ANTIBODY	$11.25	
86625		CAMPYLOBACTER ANTIBODY	$19.04	
86628		CANDIDA ANTIBODY	$8.00	
86631		CHLAMYDIA ANTIBODY	$14.59	
86632		CHLAMYDIA IGM ANTIBODY	$14.59	
86635		COCCIDIOIDES ANTIBODY	$15.43	
86638		ANTIBODY; COXIELLA BRUNETII (Q FEVER)	$15.43	
86641		ANTIBODY; CRYPTOCOCCUS	$19.80	
86644		ANTIBODY; CYTOMEGALOVIRUS (CMV)	$20.89	
86645		CMV ANTIBODY IGM	$14.59	
86648		ANTIBODY; DIPTHERIA	$22.09	
86651		ENCEPHALITIS CALIFORN ANTBDY	$14.59	
86652		ENCEPHALTIS EAST EQNE ANBDY	$14.59	
86653		ENCEPHALTIS ST LOUIS ANTBODY	$14.59	
86654		ENCEPHALTIS WEST EQNE ANTBDY	$14.59	
86658		ENTEROVIRUS ANTIBODY	$15.43	
86663		ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	$14.59	

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86664		EPSTEIN-BARR NUCLEAR ANTIGEN	$14.59	
86665		EPSTEIN-BARR CAPSID VCA	$14.59	
86666		EHRLICHIA ANTIBODY	$14.94	
86668		ANTIBODY; FRANCISELLA TULARENSIS	$9.98	
86671		FUNGUS NES ANTIBODY	$15.43	
86674		GIARDIA LAMBLIA ANTIBODY	$14.59	
86677		HELICOBACTER PYLORI ANTIBODY	$21.06	
86682		HELMINTH ANTIBODY	$14.24	
86684		HEMOPHILUS INFLUENZA ANTIBDY	$19.80	
86687		HTLV-I ANTIBODY	$12.18	
86688		HTLV-II ANTIBODY	$13.72	
86689		HTLV/HIV CONFIRMJ ANTIBODY	$28.09	
86692		HEPATITIS DELTA AGENT ANTBDY	$25.19	
86694		HERPES SIMPLEX NES ANTBDY	$20.89	
86695		HERPES SIMPLEX TYPE 1 TEST	$14.59	
86696		HERPES SIMPLEX TYPE 2 TEST	$20.89	
86698		HISTOPLASMA ANTIBODY	$15.43	
86701		HIV-1ANTIBODY	$12.90	
86702		HIV-2 ANTIBODY	$13.72	
86703		HIV-1/HIV-2 1 RESULT ANTBDY	$13.72	
86704		HEP B CORE ANTIBODY TOTAL	$17.51	
86705		HEP B CORE ANTIBODY IGM	$17.10	
86706		HEP B SURFACE ANTIBODY	$15.60	
86707		HEPATITIS BE ANTIBODY	$16.79	
86708		HEPATITIS A ANTIBODY	$17.98	

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86709		HEPATITIS A IGM ANTIBODY	$16.34	
86710		INFLUENZA VIRUS ANTIBODY	$15.58	
86711		JOHN CUNNINGHAM ANTIBODY	$19.14	
86713		LEGIONELLA ANTIBODY	$14.59	
86717		LEISHMANIA ANTIBODY	$14.59	
86720		LEPTOSPIRA ANTIBODY	$19.14	
86723		LISTERIA MONOCYTOGENES	$19.14	
86727		LYMPH CHORIOMENINGITIS AB	$15.43	
86729		LYMPHO VENEREUM ANTIBODY	$14.59	
86732		MUCORMYCOSIS ANTIBODY	$8.00	
86735		MUMPS ANTIBODY	$14.59	
86738		MYCOPLASMA ANTIBODY	$19.24	
86741		ANTIBODY; NEISSERIA MENINGITIDIS	$19.14	
86744		NOCARDIA ANTIBODY	$19.14	
86747		PARVOVIRUS ANTIBODY	$21.81	
86750		MALARIA ANTIBODY	$19.14	
86753		PROTOZOA ANTIBODY NOS	$14.24	
86756		RESPIRATORY VIRUS ANTIBODY	$14.59	
86757		RICKETTSIA ANTIBODY	$28.60	
86759		ROTAVIRUS ANTIBODY	$19.14	
86762		RUBELLA ANTIBODY	$20.89	
86765		RUBEOLA ANTIBODY	$14.59	
86768		SALMONELLA ANTIBODY	$19.14	
86771		SHIGELLA ANTIBODY	$19.14	
86774		TETANUS ANTIBODY	$21.48	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
86777		TOXOPLASMA ANTIBODY	$20.89	
86778		TOXOPLASMA ANTIBODY IGM	$14.59	
86780		TREPONEMA PALLIDUM	$19.92	
86784		TRICHINELLA ANTIBODY	$8.00	
86787		VARICELLA-ZOSTER ANTIBODY	$14.59	
86788		WEST NILE VIRUS AB IGM	$15.58	
86789		WEST NILE VIRUS	$21.13	
86790		VIRUS ANTIBODY NOS	$15.58	
86793		YERSINIA ANTIBODY	$19.14	
86800		THYROGLOBULIN ANTIBODY, RIA	$23.08	
86803		HEPATITIS C AB TEST	$20.74	
86804		HEP C AB TEST CONFIRM	$22.49	
86805		LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRAT	$75.92	
86806		LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TIT	$69.09	
86807		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY	$57.45	
86808		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY	$43.09	
86812		HLA TYPING A B OR C	$37.46	
86813		HLA TYPING A B OR C	$84.17	
86816		HLA TYPING DR/DQ	$40.43	
86817		HLA TYPING DR/DQ	$93.48	
86821		LYMPHOCYTE CULTURE MIXED	$81.98	
86822		LYMPHOCYTE CULTURE PRIMED	$53.08	
86825		HLA X-MATH NON-CYTOTOXIC	$0.00	
86826		HLA X-MATCH NONCYTOTOXC	$0.00	
86828		HLA CLASS I&II ANTIBODY	$0.00	

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86829		HLA CLASS I/II ANTIBODY	$0.00	
86830		HLA CLASS I PHENOTYPE QU	$0.00	
86831		HLA CLASS II PHENOTYPE Q	$0.00	
86832		HLA CLASS I HIGH DEFIN Q	$0.00	
86833		HLA CLASS II HIGH DEFIN	$0.00	
86834		HLA CLASS I SEMIQUANT PA	$0.00	
86835		HLA CLASS II SEMIQUANT P	$0.00	
86940		HEMOLYSINS/AGGLUTININS AUTO	$8.34	
86941		HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBAT	$13.53	
87003		ANIMAL INOCULATION	$24.43	
87015		SPECIMEN INFECT AGNT CONCNTJ	$9.69	
87040		CULTURE,BACTERIAL;BLOOD	$12.80	
87045		FECES CULTURE AEROBIC BACT	$5.64	
87046		STOOL CULTR AEROBIC BACT EA	$6.08	
87070		CULTURE OTHR SPECIMN AEROBIC	$12.51	
87071		CULTURE AEROBIC QUANT OTHER	$6.03	
87073		CULTURE BACTERIA ANAEROBIC	$6.03	
87075		CULTR BACTERIA EXCEPT BLOOD	$12.80	
87076		CULTURE ANAEROBE IDENT EACH	$11.86	
87077		CULTURE AEROBIC IDENTIFY	$11.86	
87081		CULTURE,BACTERIAL,SCREENING	$6.40	
87084		CULTURE PRESUM PATHOGENIC ORGANISMS	$12.51	
87086		URINE CULTURE/COLONY COUNT	$11.73	
87088		CULTURE,URINE;IDENTIFICATION	$8.57	
87101		CULTURE,FUNGI,ISOLATION;SKIN	$11.19	

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87102		CULTURE,FUNGI,ISOLATION;OTHER SOURCE	$6.91	
87103		CULTURE, FUNGI, ISOLATION BLOOD	$13.39	
87106		FUNGI IDENTIFICATION YEAST	$6.91	
87107		FUNGI IDENTIFICATION MOLD	$7.38	
87109		MYCOPLASMA	$22.33	
87110		CULTURE, CHLAMYDIA	$28.45	
87116		CULTURE,ACID-FAST BACILLI,ISOLATION	$15.69	
87118		CULTURE,DEFINITIVE IDENTIFICATION	$15.89	
87140		CULTURE TYPE IMMUNOFLUORESC	$8.10	
87143		CULTURE TYPING GLC/HPLC	$18.20	
87147		CULTURE TYPE IMMUNOLOGIC	$8.10	
87149		CULTURE TYPE, NUCLEIC ACID	$29.65	
87150		DNA/RNA AMPLIFIED PROBE	$52.80	
87152		CULTURE TYPE PULSE FIELD GEL	$7.67	
87153		DNA/RNA SEQUENCING	$173.55	
87158		CULTURE TYPING ADDED METHOD	$7.59	
87164		DARK FIELD EXAMINATION	$12.04	
87166		DARK FIELD EXAM,W/O COLLECTION	$2.43	
87168		MACROSCOPIC EXAM ARTHROPOD	$6.03	
87169		MACROSCOPIC EXAM PARASITE	$6.03	
87172		PINWORM EXAM	$6.03	
87176		ENDOTOXIN,BACTERIAL;HOMOGENIZATION	$8.53	
87177		OVA AND PARASITES,DIRECT SMEARS	$12.92	
87181		MICROBE SUSCEPTIBLE DIFFUSE	$6.89	
87184		MICROBE SUSCEPTIBLE DISK	$10.01	

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87185		MICROBE SUSCEPTIBLE ENZYME	$6.97	
87186		MICROBE SUSCEPTIBLE MIC	$12.54	
87187		MICROBE SUSCEPTIBLE MLC	$15.06	
87188		MICROBE SUSCEPT MACROBROTH	$9.63	
87190		MICROBE SUSCEPT MYCOBACTERI	$8.21	
87197		BACTERICIDAL LEVEL SERUM	$21.80	
87205		SMEAR GRAM STAIN	$6.19	
87206		SMEAR FLUORESCENT/ACID STAI	$7.79	
87207		SMEAR SPECIAL STAIN	$8.70	
87209		SMEAR COMPLEX STAIN	$26.57	
87210		SMEAR WET MOUNT SALINE/INK	$5.64	
87220		TISSUE EXAMINATION FOR FUNGI (KOH)	$6.19	
87230		ASSAY TOXIN OR ANTITOXIN	$28.65	
87250		VIRUS INOCULATE EGGS/ANIMAL	$26.86	
87252		VIRUS INOCULATION TISSUE	$36.09	
87253		VIRUS INOCULATE TISSUE ADDL	$24.47	
87254		VIRUS INOCULATION SHELL VIA	$28.69	
87255		GENET VIRUS ISOLATE HSV	$49.71	
87260		ADENOVIRUS AG IF	$17.73	
87265		PERTUSSIS AG IF	$17.43	
87267		ENTEROVIRUS ANTIBODY DFA	$17.60	
87269		GIARDIA AG IF	$17.60	
87270		CHLAMYDIA TRACHOMATIS AG IF	$17.43	
87271		CYTOMEGALOVIRUS DFA	$17.60	
87272		CRYPTOSPORIDIUM AG IF	$17.43	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
87273		HERPES SIMPLEX 2 AG IF	$17.60	
87274		HERPES SIMPLEX 1 AG IF	$18.04	
87275		INFLUENZA B AG IF	$17.73	
87276		INFLUENZA A AG IF	$17.43	
87277		LEGIONELLA MICDADEI AG IF	$17.60	
87278		LEGION PNEUMOPHILIA AG IF	$17.43	
87279		PARAINFLUENZA AG IF	$17.73	
87280		RESPIRATORY SYNCYTIAL AG IF	$17.73	
87281		PNEUMOCYSTIS CARINII AG IF	$17.60	
87283		RUBEOLA AG IF	$17.60	
87285		TREPONEMA PALLIDUM AG IF	$17.43	
87290		VARICELLA ZOSTER AG IF	$18.04	
87299		ANTIBODY DETECTION NOS IF	$17.60	
87300		AG DETECTION POLYVAL IF	$17.60	
87301		ADENOVIRUS AG IA	$17.43	
87305		ASPERGILLUS AG IA	$17.60	
87320		CHYLMD TRACH AG IA	$17.60	
87324		CLOSTRIDIUM AG IA	$17.43	
87327		CRYPTOCOCCUS NEOFORM AG IA	$17.60	
87328		CRYPTOSPORIDIUM AG IA	$17.43	
87329		GIARDIA AG IA	$17.60	
87332		CYTOMEGALOVIRUS AG IA	$17.43	
87335		E COLI 0157 AG IA	$17.43	
87336		ENTAMOEB HIST DISPR AG IA	$17.60	
87337		ENTAMOEB HIST GROUP AG IA	$17.60	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
87338		HPYLORI STOOL IA	$17.60	
87339		H PYLORI AG IA	$17.60	
87340		HEPATITIS B SURFACE AG IA	$14.04	
87341		HEPATITIS B SURFACE AG IA	$14.20	
87350		HEPATITIS BE AG IA	$16.72	
87380		HEPATITIS DELTA AG IA	$23.85	
87385		HISTOPLASMA CAPSUL AG IA	$17.43	
87389		HIV-1 AG W/HIV-1 & HIV-2 AB	$32.36	
87390		HIV-1 AG IA	$25.89	
87391		HIV-2 AG IA	$25.60	
87400		INFLUENZA A/B AG IA	$17.60	
87420		RESP SYNCYTIAL AG IA	$17.43	
87425		ROTAVIRUS AG IA	$17.43	
87427		SHIGA-LIKE TOXIN AG IA	$17.60	
87430		STREP A AG IA	$17.60	
87449		AG DETECT NOS IA MULT	$17.43	
87450		AG DETECT NOS IA SINGLE	$13.92	
87451		AG DETECT POLYVAL IA MULT	$14.06	
87470		BARTONELLA DNA DIR PROBE	$29.11	
87471		BARTONELLA DNA AMP PROBE	$50.95	
87472		BARTONELLA DNA QUANT	$62.20	
87475		LYME DIS DNA DIR PROBE	$29.11	
87476		LYME DIS DNA AMP PROBE	$50.95	
87477		LYME DIS DNA QUANT	$62.20	
87480		CANDIDA DNA DIR PROBE	$29.11	

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87481		CANDIDA DNA AMP PROBE	$50.95	
87482		CANDIDA DNA QUANT	$60.60	
87485		CHYLMD PNEUM DNA DIR PROBE	$29.11	
87486		CHYLMD PNEUM DNA AMP PROBE	$50.95	
87487		CHYLMD PNEUM DNA QUANT	$62.20	
87490		CHYLMD TRACH DNA DIR PROBE	$29.65	
87491		CHYLMD TRACH DNA AMP PROBE	$47.00	
87492		CHYLMD TRACH DNA QUANT	$50.75	
87493		C DIFF AMPLIFIED PROBE	$54.05	
87495		CYTOMEG DNA DIR PROBE	$29.11	
87496		CYTOMEG DNA AMP PROBE	$50.95	
87497		CYTOMEG DNA QUANT	$62.20	
87498		ENTEROVIRUS DNA AMP PROBE	$51.51	
87500		VANOMYCIN DNA AMP PROBE	$51.51	
87501		INFLUENZA DNA AMP PROB 1+	$75.85	
87502		INFLUENZA DNA AMP PROBE	$125.77	
87503		INFLUENZA DNA AMP PROB ADDL	$30.71	
87505		NFCT AGENT DETECTION GI	$164.02	
87506		IADNA-DNA/RNA PROBE TQ 6-11	$272.89	
87507		IADNA-DNA/RNA PROBE TQ 12-25	$532.89	
87510		GARDNER VAG DNA DIR PROBE	$29.11	
87511		GARDNER VAG DNA AMP PROBE	$50.95	
87512		GARDNER VAG DNA QUANT	$60.60	
87515		HEPATITIS B DNA DIR PROBE	$29.11	
87516		HEPATITIS B DNA AMP PROBE	$50.95	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
87517		HEPATITIS B DNA QUANT	$62.20	
87520		HEPATITIS C RNA DIR PROBE	$29.11	
87521		HEPATITIS C RNA AMP PROBE	$50.95	
87522		HEPATITIS C RNA QUANT	$62.20	
87525		HEPATITIS G DNA DIR PROBE	$29.11	
87526		HEPATITIS G DNA AMP PROBE	$50.95	
87527		HEPATITIS G DNA QUANT	$60.60	
87528		HSV DNA DIR PROBE	$29.11	
87529		HSV DNA AMP PROBE	$50.95	
87530		HSV DNA QUANT	$62.20	
87531		HHV-6 DNA DIR PROBE	$29.11	
87532		HHV-6 DNA AMP PROBE	$50.95	
87533		HHV-6 DNA QUANT	$60.60	
87534		HIV-1 DNA DIR PROBE	$29.11	
87535		HIV-1 DNA AMP PROBE	$50.95	
87536		HIV-1 DNA QUANT	$123.53	
87537		HIV-2 DNA DIR PROBE	$29.11	
87538		HIV-2 DNA AMP PROBE	$50.95	
87539		HIV-2 DNA QUANT	$62.20	
87540		LEGION PNEUMO DNA DIR PROB	$29.11	
87541		LEGION PNEUMO DNA AMP PROB	$50.95	
87542		LEGION PNEUMO DNA QUANT	$60.60	
87550		MYCOBACTERIA DNA DIR PROBE	$29.11	
87551		MYCOBACTERIA DNA AMP PROBE	$50.95	
87552		MYCOBACTERIA DNA QUANT	$62.20	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
87555		M.TUBERCULO DNA DIR PROBE	$29.11	
87556		M.TUBERCULO DNA AMP PROBE	$50.95	
87557		M.TUBERCULO DNA QUANT	$62.20	
87560		M.AVIUM-INTRA DNA DIR PROB	$29.11	
87561		M.AVIUM-INTRA DNA AMP PROB	$50.95	
87562		M.AVIUM-INTRA DNA QUANT	$62.20	
87580		M.PNEUMON DNA DIR PROBE	$29.11	
87581		M.PNEUMON DNA AMP PROBE	$50.95	
87582		M.PNEUMON DNA QUANT	$60.60	
87590		N.GONORRHOEAE DNA DIR PROB	$29.65	
87591		N.GONORRHOEAE DNA AMP PROB	$47.00	
87592		N.GONORRHOEAE DNA QUANT	$62.20	
87623		HPV LOW-RISK TYPES	$44.87	
87624		HPV HIGH-RISK TYPES	$44.87	
87625		HPV TYPES 16 & 18 ONLY	$44.87	
87631		RESP VIRUS 3-5 TARGETS	$189.61	
87632		RESP VIRUS 6-11 TARGETS	$315.45	
87633		RESP VIRUS 12-25 TARGETS	$313.18	
87640		STAPH A DNA AMP PROBE	$51.51	
87641		MR-STAPH DNA AMP PROBE	$51.51	
87650		STREP A DNA DIR PROBE	$29.11	
87651		STREP A DNA AMP PROBE	$50.95	
87652		STREP A DNA QUANT	$60.60	
87653		STREP B DNA AMP PROBE	$51.51	
87660		TRICHOMONAS VAGIN DIR PROBE	$29.43	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
87661		TRICHOMONAS VAGINALIS AMPLIF	$49.96	
87797		DETECT AGENT NOS DNA DIR	$29.65	
87798		DETECT AGENT NOS DNA AMP	$51.51	
87799		DETECT AGENT NOS DNA QUANT	$62.20	
87800		DETECT AGNT MULT DNA DIREC	$59.29	
87801		DETECT AGNT MULT DNA AMPLI	$103.02	
87802		STREP B ASSAY W/OPTIC	$17.60	
87803		CLOSTRIDIUM TOXIN A W/OPTIC	$17.60	
87804		INFLUENZA ASSAY W/OPTIC	$17.60	
87806		HIV ANTIGEN W/HIV ANTIBODIES	$28.00	
87807		RSV ASSAY W/OPTIC	$17.60	
87808		TRICHOMONAS VAGINALIS	$17.60	
87809		ADENOVIRUS ASSAY W/OPTIC	$17.60	
87810		CHYLMD TRACH ASSAY W/OPTIC	$17.43	
87850		N. GONORRHOEAE ASSAY W/OPTIC	$17.43	
87880		STREP A ASSAY W/OPTIC	$17.60	
87899		AGENT NOS ASSAY W/OPTIC	$17.43	
87900		PHENOTYPE INFECT AGENT DRUG	$196.12	
87901		GENOTYPE, DNA, HIV REVERSE T	$690.68	
87902		GENOTYPE DNA/RNA HEP C	$380.51	
87903		PHENOTYPE DNA HIV W/CULTURE	$735.22	
87904		PHENOTYPE DNA HIV W/CLT ADD	$38.26	
87905		SIALIDASE ENZYME ASSAY	$17.96	
87906		GENOTYPE DNA HIV REVERSE T	$190.26	
87910		GENOTYPE CYTOMEGALOVIRUS	$380.51	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
87912		GENOTYPE DNA HEPATITIS B	$380.51	
88130		CYTOLOGY SMEAR-BUCCAL	$20.67	
88140		CYTOLOGY SMEAR-WBC-FOR CHROMOSOMS	$12.04	
88142		CYTOPATH C/V THIN LAYER	$23.22	
88143		CYTOPATH C/V THIN LAYER REDO	$15.33	
88147		CYTOPATH C/V AUTOMATED	$15.33	
88148		CYTOPATH C/V AUTO RESCREEN	$15.33	
88150		CYTOPATH C/V MANUAL	$15.33	
88152		CYTOPATH C/V AUTO REDO	$15.33	
88153		CYTOPATH C/V REDO	$15.33	
88154		CYTOPATH C/V SELECT	$15.33	
88155		CYTOPATH C/V INDEX ADD-ON	$8.70	
88164		CYTOPATH TBS C/V MANUAL	$15.33	
88165		CYTOPATH TBS C/V REDO	$15.33	
88166		CYTOPATH TBS C/V AUTO REDO	$15.33	
88167		CYTOPATH TBS C/V SELECT	$15.33	
88174		CYTOPATH C/V AUTO IN FLUID	$31.35	
88175		CYTOPATH C/V AUTO FLUID REDO	$38.87	
88230		TISSUE CULTURE LYMPHOCYTE	$170.99	
88233		TISSUE CULTURE SKIN/BIOPSY	$204.31	
88235		TISSUE CULTURE PLACENTA	$213.77	
88237		TISSUE CULTURE BONE MARROW	$183.37	
88239		TISSUE CULTURE TUMOR	$214.18	
88240		CELL CRYOPRESERVE/STORAGE	$14.67	
88241		FROZEN CELL PREPARATION	$14.67	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
88245		CHROMOSOME ANALYSIS 20-25	$216.11	
88248		CHROMOSOME ANALYSIS 50-100	$251.40	
88249		CHROMOSOME ANALYSIS 100	$251.40	
88261		CHROMOSOME ANALYSIS 5	$242.84	
88262		CHROMOSOME ANALYSIS 15-20	$180.95	
88263		CHROMOSOME ANALYSIS 45	$218.17	
88264		CHROMOSOME ANALYSIS 20-25	$180.95	
88267		CHROMOSOME ANALYS PLACENTA	$260.99	
88269		CHROMOSOME ANALYS AMNIOTIC	$260.82	
88271		CYTOGENETICS DNA PROBE	$3.68	
88272		CYTOGENETICS 3-5	$38.86	
88273		CYTOGENETICS 10-30	$47.17	
88274		CYTOGENETICS 25-99	$50.53	
88275		CYTOGENETICS 100-300	$58.30	
88280		CHROMOSOME ANALYSIS,KARYOTYPING	$36.44	
88283		CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECH	$99.58	
88285		CHROMOSOME COUNT ADDITIONAL	$14.02	
88289		CHROMOSOME STUDY ADDITIONAL	$39.62	
88350		IMMUNOFLUOR ANTB ADDL STAIN	$0.00	
88387		TISS EXAM MOLECULAR STUD	$0.00	
88388		TISS EX MOLECUL STUDY AD	$0.00	
88720		BILIRUBIN TOTAL TRANSCUT	$7.55	
88738		HGB QUANT TRANSCUTANEOUS	$7.55	
88740		TRANSCUTANEOUS CARBOXYHB	$7.55	
88741		TRANSCUTANEOUS METHB	$7.55	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
89050		BODY FLUID CELL COUNT	$5.64	
89051		BODY FLUID CELL COUNT W/DIFF	$7.15	
89055		LEUKOCYTE ASSESSMENT FECAL	$6.25	
89060		EXAM SYNOVIAL FLUID CRYSTALS	$10.37	
89125		FAT STAIN,FECES,URINE,SPUTUM	$4.46	
89160		MEAT FIBERS, FECES	$5.34	
89190		NASAL SMEAR FOR EOSINOPHILS	$6.89	
89250		FERTILIZATION OF OOCYTE	$0.00	
89251		CULTURE OOCYTE W/EMBRYOS	$0.00	
89253		EMBRYO HATCHING	$0.00	
89254		OOCYTE IDENTIFICATION	$0.00	
89255		PREPARE EMBRYO FOR TRANS	$0.00	
89257		SPERM IDENTIFICATION	$0.00	
89258		CRYOPRESERVATION EMBRYO(	$0.00	
89259		CRYOPRESERVATION SPERM	$0.00	
89260		SPERM ISOLATION SIMPLE	$0.00	
89261		SPERM ISOLATION COMPLEX	$0.00	
89264		IDENTIFY SPERM TISSUE	$0.00	
89268		INSEMINATION OF OOCYTES	$0.00	
89272		EXTENDED CULTURE OF OOCY	$0.00	
89280		ASSIST OOCYTE FERTILIZAT	$0.00	
89281		ASSIST OOCYTE FERTILIZAT	$0.00	
89290		BIOPSY OOCYTE POLAR BODY	$0.00	
89291		BIOPSY OOCYTE POLAR BODY	$0.00	
89300		SEMEN ANALYSIS W/HUHNER	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
89310		FERTILITY STUDIES	$0.00	
89320		SEMEN ANALYSIS; COMPLETE	$0.00	
89321		SEMEN ANAL SPERM DETECTI	$0.00	
89322		SEMEN ANAL STRICT CRITER	$0.00	
89325		SPERM ANTIBODY TEST	$0.00	
89330		EVALUATION CERVICAL MUCU	$0.00	
89331		RETROGRADE EJACULATION A	$0.00	
89335		CRYOPRESERVE TESTICULAR	$0.00	
89337		CRYOPRESERVATION OOCYTE(S)	$0.00	
89342		STORAGE/YEAR EMBRYO(S)	$0.00	
89343		STORAGE/YEAR SPERM/SEMEN	$0.00	
89344		STORAGE/YEAR REPROD TISS	$0.00	
89346		STORAGE/YEAR OOCYTE(S)	$0.00	
89352		THAWING CRYOPRESRVED EMB	$0.00	
89353		THAWING CRYOPRESRVED SPE	$0.00	
89354		THAW CRYOPRSVRD REPROD T	$0.00	
89356		THAWING CRYOPRESRVED OOC	$0.00	
90384		RH IG FULL-DOSE IM	$107.74	
90389		TETANUS IG IM	$108.19	
90460		IM ADMIN 1ST/ONLY COMPON	$14.25	
90461		IM ADMIN EACH ADDL COMPO	$13.13	
90477	SL	ADENOVIRUS VACCINE TYPE	$0.00	
90585	SL	BCG VACCINE PERCUT	$0.00	
90620		MENB RP W/OMV VACCINE IM	$156.40	
90620	SL	MENB RP W/OMV VACCINE IM	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
90621		MENB RLP VACCINE IM	$113.03	
90621	SL	MENB RLP VACCINE IM	$0.00	
90644	SL	HIB-MENCY VACCINE 4 DOSE IM	$0.00	
90654		FLU VACCINE NO PRESERV, ID	$19.08	
90655		IIV3 VACC NO PRSV 6-35 MO IM	$11.54	
90656		IIV3 VACC NO PRSV 3 YRS+ IM	$11.54	
90657		IIV3 VACCINE 6-35 MONTHS IM	$11.54	
90658		FLU VACC 3 VAL 3 YRS PLU	$11.54	
90660		LAIV3 VACCINE INTRANASAL	$9.97	
90661		CCIIV3 VAC IM CULT PRSV FREE	$9.97	
90662		IIV NO PRSV INCREASED AG IM	$9.97	
90670		PCV13 VACCINE IM	$9.45	
90672		LAIV4 VACCINE INTRANASAL	$24.03	
90673		FLU VACC RIV3 NO PRESERV	$0.00	
90681		RV1 VACC 2 DOSE LIVE ORA	$9.45	
90681	SL	RV1 VACC 2 DOSE LIVE ORA	$0.00	
90685		IIV4 VACC NO PRSV 6-35 M IM	$22.81	
90686		IIV4 VACC NO PRSV 3 YRS+ IM	$20.26	
90688		IIV4 VACCINE 3 YRS PLUS IM	$25.70	
90697	SL	DTAP-IPV-HIB-HEPB VACCINE IM	$0.00	
90716		CHICKEN POX VACCINE SC	$9.97	
90723		DTAP-HEP B-IPV VACCINE I	$9.97	
90723	SL	DTAP-HEP B-IPV VACCINE I	$0.00	
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	$22.15	
90733		MPSV4 VACCINE SUBQ	$9.97	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
90733	SL	MPSV4 VACCINE SUBQ	$0.00	
90734		MCV4 MENACWY VACCINE IM	$9.97	
90734	SL	MCV4 MENACWY VACCINE IM	$0.00	
90736		ZOSTER VACC SC	$229.83	
90740		HEPB VACC 3 DOSE IMMUNSUP IM	$124.66	
90743		HEPB VACC 2 DOSE ADOLESC IM	$9.45	
90744		HEPB VACC 3 DOSE PED/ADOL IM	$9.45	
90746		HEPB VACCINE 3 DOSE ADULT IM	$76.38	
90747		HEPB VACC 4 DOSE IMMUNSUP IM	$9.45	
90748		HEP B/HIB VACCINE IM	$9.45	
90785		PSYTX COMPLEX INTERACTIV	$0.00	
90880		HYPNOTHERAPY	$0.00	
90887		CONSULTATION WITH FAMILY	$0.00	
90889		PREPARATION OF REPORT	$0.00	
90911		BIOFEEDBACK PERI/URO/REC	$0.00	
~~91200~~		~~LIVER ELASTOGRAPHY~~	~~$0.00~~	REMOVED EFFECTIVE 07/01/2016
92310		CONTACT LENS FITTING	$26.11	
92325		MODIFICATION OF CONTACT	$0.00	
92352		FIT APHAKIA SPECTCL MONO	$0.00	
92353		FIT APHAKIA SPECTCL MULT	$0.00	
92354		FIT SPECTACLES SINGLE SY	$0.00	
92355		FIT SPECTACLES COMPOUND	$0.00	
92358		APHAKIA PROSTH SERVICE T	$0.00	
92371		REPAIR & ADJUST SPECTACL	$0.00	
92507		SPEECH/HEARING THERAPY-INDIVIDUAL	$13.45	

STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES OUTPATIENT PROSPECTIVE PAYMENT SYSTEM [SD DSS OPPS]
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		Indicates 3RD quarter 2017 change/addition	**08/03/2017**	
CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
92508		SPEECH/HEARING THERAPY-GROUP	$8.81	
92520		LARYNGEAL FUNCTION STUDIES	$42.51	
92521		EVALUATION OF SPEECH FLUENCY	$81.14	
92522		EVALUATE SPEECH PRODUCTION	$65.82	
92523		SPEECH SOUND LANG COMPREHEN	$137.05	
92524		BEHAVRAL QUALIT ANALYS VOICE	$67.95	
92526		ORAL FUNCTION THERAPY	$69.89	
92551		PURE TONE HEARING TEST A	$12.56	
92560		BEKESY AUDIOMETRY SCREEN	$25.42	
92597		ORAL SPEECH DEVICE EVAL	$98.19	
92607		EX FOR SPEECH DEVICE RX 1HR	$142.77	
92608		EX FOR SPEECH DEVICE RX ADDL	$28.99	
92609		USE OF SPEECH DEVICE SERVICE	$77.44	
92610		EVALUATE SWALLOWING FUNCTION	$105.21	
92611		MOTION FLUOROSCOPY/SWALLOW	$112.86	
92612		ENDOSCOPY SWALLOW TST (FEES)	$144.40	
92613		ENDOSCOPY SWALLOW TST (F	$35.98	
92614		LARYNGOSCOPIC SENSORY TEST	$129.01	
92615		EVAL LARYNGOSCOPY SENSE	$31.99	
92616		FEES W/LARYNGEAL SENSE TEST	$176.14	
92617		INTERPRT FEES/LARYNGEAL	$39.50	
93702		BIS XTRACELL FLUID ANALYSIS	$0.00	
94016		REVIEW PATIENT SPIROMETRY	$23.97	
94780		CAR SEAT/BED TEST 60 MIN	$0.00	
94781		CAR SEAT/BED TEST + 30 M	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
95120		IMMUNOTHERAPY ONE INJECT	$16.81	
95125		IMMUNOTHERAPY MANY ANTIG	$21.01	
95831		LIMB MUSCLE TESTING MANUAL	$25.13	
95832		HAND MUSCLE TESTING MANUAL	$17.42	
95833		BODY MUSCLE TESTING MANUAL	$28.23	
95834		BODY MUSCLE TESTING MANUAL	$39.84	
95851		RANGE OF MOTION EACH EXTREMITY	$16.79	
95852		RANGE OF MOTION MEASUREMENT,HAND	$15.75	
95965		MEG SPONTANEOUS	$0.00	
95966		MEG EVOKED SINGLE	$0.00	
95967		MEG EVOKED EACH ADDL	$0.00	
95992		CANALITH REPOSITIONING PROC	$44.67	
96103		PSYCHO TESTING ADMIN BY	$0.00	
96105		ASSESSMENT OF APHASIA	$67.30	
96119		NEUROPSYCH TESTING BY TE	$0.00	
96120		NEUROPSYCH TST ADMIN W/C	$0.00	
96125		COGNITIVE TEST BY HC PRO	$89.33	
96127		BRIEF EMOTIONAL/BEHAV ASSMT	$0.00	
96160		PT-FOCUSED HLTH RISK ASS	$0.00	
96161		CAREGIVER HEALTH RISK AS	$0.00	
97001		PT EVALUATION	$40.27	
97002		PT RE-EVALUATION	$32.44	
97003		OT EVALUATION	$36.38	
97010		HOT OR COLD PACKS	$0.00	
97012		TRACTION, MECHANICAL	$8.40	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
97014		ELECTRIC STIMULATION THE	$8.40	
97016		VASOPNEUMATIC DEVICES	$8.40	
97018		PARAFFIN BATH	$8.40	
97022		WHIRLPOOL	$8.40	
97024		DIATHERMY EG MICROWAVE	$8.40	
97026		INFRARED	$8.40	
97028		ULTRAVIOLET	$12.98	
97032		ELECTRICAL STIMULATION	$13.14	
97033		ELECTRIC CURRENT THERAPY	$10.51	
97034		CONTRAST BATH THERAPY	$14.54	
97035		ULTRASOUND THERAPY	$13.14	
97036		HYDROTHERAPY	$25.06	
97039		UNLISTED MODALITY (SPECIFY)	$19.25	
97112		NEUROMUSCULAR REEDUCATION	$15.33	
97116		GAIT TRAINING	$15.33	
97124		MASSAGE	$0.00	
97139		UNLISTED PROCEDURE (SPECIFY)	$26.79	
97140		MANUAL THERAPY 1/> REGIONS	$15.33	
97150		GROUP THERAPEUTIC PROCEDURES	$12.58	
97161		PT EVAL LOW COMPLEX 20 M	$31.86	RETROACTIVE TO 01/01/2017
97162		PT EVAL MOD COMPLEX 30 M	$47.79	RETROACTIVE TO 01/01/2017
97163		PT EVAL HIGH COMPLEX 45	$71.69	RETROACTIVE TO 01/01/2017
97164		PT RE-EVAL EST PLAN CARE	$48.70	RETROACTIVE TO 01/01/2017
97165		OT EVAL LOW COMPLEX 30 M	$34.72	RETROACTIVE TO 01/01/2017
97166		OT EVAL MOD COMPLEX 45 M	$52.07	RETROACTIVE TO 01/01/2017

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
97167		OT EVAL HIGH COMPLEX 60	$69.43	RETROACTIVE TO 01/01/2017
97168		OT RE-EVAL EST PLAN CARE	$0.00	
97535		SELF CARE MNGMENT TRAINI	$0.00	
97537		COMMUNITY/WORK REINTEGRA	$0.00	
97546		WORK HARDENING ADD-ON	$0.00	
97597		ACTIVE WOUND CARE/20 CM OR <	$31.24	
97598		RMVL DEVITAL TIS ADDL 20CM/<	$70.96	
97602		WOUND(S) CARE NON-SELECTIVE	$36.56	
97605		NEG PRESS WOUND TX </=50 CM	$40.72	
97606		NEG PRESS WOUND TX >50 CM	$43.43	
97607		NEG PRESS WND TX </=50 SQ CM	$137.25	
97608		NEG PRESS WOUND TX >50 CM	$137.25	
97750		PHYSICAL PERFORMANCE TEST	$15.33	
97799		UNLISTED PHYSICAL MEDICINE SERVICE	$31.52	
97802		MEDICAL NUTRITION INDIV	$0.00	
97803		MED NUTRITION INDIV SUBS	$0.00	
97804		MEDICAL NUTRITION GROUP	$0.00	
99001		SPECIMEN HANDLING	$4.21	
99078		SSR PHYS ED GRP SETTING	$0.00	
99080		SPECIAL REPORTS OR FORMS	$11.56	
99173		VISUAL ACUITY SCREEN	$12.75	
99367		TEAM CONF W/O PAT BY PHY	$0.00	
99368		TEAM CONF W/O PAT BY HC	$0.00	
99415		PROLONG CLINCL STAFF SVC	$0.00	
99416		PROLONG CLINCL STAFF SVC ADD	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
99487		CMPLX CHRON CARE W/O PT	$0.00	
99489		COMPLX CHRON CARE ADDL30	$0.00	
99490		CHRON CARE MGMT SRVC 20 MIN	$0.00	
99495		TRANS CARE MGMT 14 DAY D	$0.00	
99496		TRANS CARE MGMT 7 DAY DI	$0.00	
99497		ADVNCD CARE PLAN 30 MIN	$0.00	
99498		ADVNCD CARE PLAN ADDL 30 MIN	$0.00	
A0380		BLS PER MILE	$0.00	
A0384		BLS DEFIBRILLATION SUPPL	$0.00	
A0390		ALS PER MILE	$0.00	
A0392		ALS DEFIBRILLATION SUPPL	$0.00	
A0394		ALS IV DRUG THER SUPPL	$0.00	
A0396		ALS ESOPHAG INTUB SUPPLS	$0.00	
A0422		AMBULANCE 02 LIFE SUSTAI	$0.00	
A0424		EXTRA AMBULANCE ATTENDAN	$0.00	
A0425		GROUND MILEAGE	$0.00	
A0426		ALS 1	$0.00	
A0427		ALS1-EMERGENCY	$0.00	
A0428		BLS	$0.00	
A0429		BLS-EMERGENCY	$0.00	
A0430		FIXED WING AIR TRANSPORT	$0.00	
A0431		ROTARY WING AIR TRANSPORT	$0.00	
A0432		PI VOLUNTEER AMBUL CO	$0.00	
A0433		ALS 2	$0.00	
A0434		SPECIALTY CARE TRANSPORT	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
A0435		FIXED WING AIR MILEAGE	$0.00	
A0436		ROTARY WING AIR MILEAGE	$0.00	
A0999		UNLISTED AMBULANCE SERV	$0.00	
A4270		DISPOS ENDOSCOPE SHEATH	$0.00	
A4337		INCONTINENT RECTAL INSERT	$0.00	
A4395		OSTOMY POUCH SOLID DEODO	$0.00	
A4558		CONDUCTIVE PASTE OR GEL	$0.00	
A4660		SPHYG/BP APP W CUFF&STET	$0.00	
A4663		DIALY BLOOD PRESS CUFF	$0.00	
A9286		ANY HYGIENIC ITEM, DEVIC	$0.00	
A9581		GADOXETATE DISODIUM INJ	$0.00	
A9582		IODINE I-123 IOBENGUANE	$0.00	
A9583		GADOFOSVESET TRISOD INJ	$0.00	
A9901		DELIVERY/SET UP/DISPENS	$0.00	
ATP02		ATP PRICE	$9.83	
ATP03		ATP PRICE	$9.65	
ATP04		ATP PRICE	$10.18	
ATP05		ATP PRICE	$11.36	
ATP06		ATP PRICE	$11.39	
ATP07		ATP PRICE	$11.86	
ATP08		ATP PRICE	$12.28	
ATP09		ATP PRICE	$12.60	
ATP10		ATP PRICE	$12.61	
ATP11		ATP PRICE	$12.83	
ATP12		ATP PRICE	$13.11	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
ATP16		ATP PRICE	$15.34	
ATP18		ATP PRICE	$15.46	
ATP19		ATP PRICE	$16.08	
ATP20		ATP PRICE	$16.58	
ATP21		ATP PRICE	$17.11	
ATP22		ATP PRICE	$17.61	
ATP23		ATP PRICE	$17.61	
~~C9139~~		~~IDELVION, 1 I.U.~~	~~$0.00~~	CODE TERMED 12/31/2016
C9399		UNCLASSIFD DRUG/BIOLOGIC	$0.00	
~~C9476~~		~~INJECTION, DARATUMUMAB~~	~~$0.00~~	CODE TERMED 12/31/2016
~~C9477~~		~~INJECTION, ELOTUZUMAB~~	~~$0.00~~	CODE TERMED 12/31/2016
~~C9478~~		~~INJECTION, SEBELIPASE ALFA~~	~~$0.00~~	CODE TERMED 12/31/2016
~~C9479~~		~~INSTILL, CIPROFLOXACIN OTIC~~	~~$0.00~~	CODE TERMED 12/31/2016
~~C9480~~		~~INJECTION, TRABECTEDIN~~	~~$0.00~~	CODE TERMED 12/31/2016
~~C9481~~		~~INJECTION, RESLIZUMAB~~	~~$0.00~~	CODE TERMED 12/31/2016
~~C9482~~		~~SOTALOL HYDROCHLORIDE IV~~	~~$0.00~~	PAY UNDER APC EFFECTIVE 01/01/17
~~C9483~~		~~INJECTION, ATEZOLIZUMAB~~	~~$0.00~~	PAY UNDER APC EFFECTIVE 01/01/17
C9484		INJ ETEPLIRSEN	$0.00	
C9485		INJ OLARATUMAB	$0.00	
C9486		INJ GRANISETRON EXT	$0.00	
C9487		USTEKINUMAB IV INJ	$0.00	
C9488		CONIVAPTAN HCL	$0.00	
C9489		INJECTION; NUSINERSEN	$0.00	
C9490		INJECTION, BEZLOTOXUMAB	$0.00	
~~C9744~~		~~ABD US W/CONTRAST~~	~~$0.00~~	PAY UNDER APC EFFECTIVE 01/01/17

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
C9745		NASAL ENDO EUSTACHIAN	$0.00	
C9746		TRANS IMP BALLOON CONT	$0.00	
C9747		ABLATION, HIFU; PROSTATE	$0.00	
D0414		LAB PROCESS MICROBIAL SP	$0.00	
D0600		NON-IONIZING DIAG PROC	$0.00	
D9630		DRUGS/MEDS DISP FOR HOME	$0.00	
E0604		HOSP GRADE ELEC BREAST PUMP	$53.76	
E0746		ELECTROMYOGR BIOFEEDBACK	$0.00	
E0749		ELEC OSTEOGEN STIM IMPL	$0.00	
G0008		ADMIN FLU VIRUS VAC	$0.00	
G0009		ADM PNEUMOCOCCAL VAC	$0.00	
G0010		ADMIN HEPATITIS B VAC	$0.00	
G0027		SEMEN ANALYSIS	$9.39	
G0103		PSA, TOTAL SCREENING	$26.83	
G0123		SCREEN CERV/VAG THIN LAYER	$29.74	
G0143		CRV/VAG SCRN/RESCRN TECH	$0.00	
G0144		SCR C/V CYTO,THINLAYER,RESCR	$31.35	
G0145		CRV/VAG SCRN MAN RESCRN	$0.00	
G0147		SCR C/V CYTO, AUTOMATED SYS	$16.70	
G0148		SCR C/V CYTO, AUTOSYS, RESCR	$22.30	
G0202		SCREENING MAMMOGRAPHY, BILATERAL, ALL VIEWS	$125.84	
G0204		DIAGNOSTIC MAMMOGRAPHY, BILATERAL, ALL VIEWS	$136.81	
G0206		DIAGNOSTIC MAMMOGRAPHY, UNILATERAL, ALL VIEWS	$110.25	
G0248		DEMONSTRAT USE HOME INR	$0.00	
G0249		PROVIDE INR TEST MATER/E	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
G0268		PHYS REMOVAL IMPACTD WAX	$0.00	
G0270		MNT SUBS TX FOR CHANGE DX	$31.77	
G0271		GROUP MNT 2 OR MORE 30 MINS	$16.35	
G0276		PILD/PLACEBO CONTROL CLIN TR	$0.00	
G0281		ELEC STIM UNATTEND-ULCER	$0.00	
G0283		ELEC STIM OTHR THN WOUND	$0.00	
G0289		ARTHRO KNEE DIFF COMPART	$0.00	
G0296		VISIT TO DETERM LDCT ELIG	$0.00	
G0306		CBC/DIFFWBC W/O PLATELET	$11.41	
G0307		CBC WITHOUT PLATELET	$9.49	
G0328		FECAL BLOOD SCRN IMMUNO	$0.00	
G0329		ULCER ELECTROMAG TX	$0.00	
G0364		BONE MARROW ASPIRAT W/BX	$0.00	
G0380		LEV 1 HOSP TYPE B ED VIS	$0.00	
G0381		LEV 2 HOSP TYPE B ED VIS	$0.00	
G0382		LEV 3 HOSP TYPE B ED VIS	$0.00	
G0383		LEV 4 HOSP TYPE B ED VIS	$0.00	
G0384		LEV 5 HOSP TYPE B ED VIS	$0.00	
G0390		TRAUMA RESPONS W/HOSP CR	$0.00	
G0420		ED SVC CKD IND PER SESSI	$0.00	
G0421		ED SVC CKD GRP PER SESSI	$0.00	
G0422		INTENS CARDIAC REHAB W/E	$0.00	
G0423		INTENS CARDIAC REHAB NO	$0.00	
G0424		PULMONARY REHAB W EXER	$0.00	
~~G0429~~		~~DERMAL FILLER INJECTION~~	~~$101.20~~	PAY UNDER APC EFFECTIVE 01/01/17

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G0433		ELISA HIV-1/HIV-2 SCREEN	$12.79	
G0436		TOBACCO-USE COUNSEL 3-10	$0.00	
G0437		TOBACCO-USE COUNSEL >10	$0.00	
G0438		PPPS; INITIAL VISIT	$0.00	
G0439		PPPS; SUBSEQ VISIT	$0.00	
G0449		ANNUAL OBESITY SCREEN 15	$0.00	
G0450		SCREEN STI W FOUR LAB TE	$0.00	
G0451		DEVLOPMENT TEST INTERPT&	$0.00	
G0453		CONT INTRAOP NEURO MONIT	$0.00	
G0455		FECAL MICROBIOTA PREP IN	$0.00	
G0466		FQHC VISIT NEW PATIENT	$0.00	
G0467		FQHC VISIT, ESTAB PT	$0.00	
G0468		FQHC VISIT, IPPE OR AWV	$0.00	
G0469		FQHC VISIT, MH NEW PT	$0.00	
G0470		FQHC VISIT, MH ESTAB PT	$0.00	
G0471		VEN BLOOD COLL SNF/HHA	$4.69	
G0473		GROUP BEHAVE COUNS 2-10	$0.00	
G0477		DRUG TEST PRESUMP OPTICAL	$0.00	
G0478		DRUG TEST PRESUMP OPT INST	$0.00	
G0479		DRUG TEST PRESUMP NOT OPT	$0.00	
G0480		DRUG TEST DEF 1-7 CLASSES	$0.00	
G0481		DRUG TEST DEF 8-14 CLASSES	$0.00	
G0482		DRUG TEST DEF 15-21 CLASSES	$0.00	
G0483		DRUG TEST DEF 22+ CLASSES	$0.00	
G0490		HOME VISIT RN, LPN BY RHC/FQHC	$0.00	

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G0499		HEPB SCREEN HIGH RISK IN	$0.00	
G9017		AMANTADINE HCL; ORAL	$0.00	
G9018		ZANAMIVIR; INH PWDR	$0.00	
G9019		OSELTAMIVIR PHOSP	$0.00	
G9020		RIMANTADINE HCL	$0.00	
G9033		AMANTADINE HCL; ORAL	$0.00	
G9034		ZANAMIVIR; INH PWDR BRND	$0.00	
G9035		OSELTAMIVIR PHOSP BRAND	$0.00	
G9036		RIMANTADINE HCL; BRAND	$0.00	
G9140		FRONTIER EXTENDED STAY D	$0.00	
G9143		WARFARIN RESPON GENETIC	$0.00	
~~G9679~~		~~ACUTE CARE PNEUMONIA~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9680~~		~~ACUTE CARE CONGESTIVE HEART~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9681~~		~~ACUTE CARE CHRONIC OBSTRUCT~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9682~~		~~ACUTE CARE SKIN INFECTION~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9683~~		~~ACUTE CARE FLUID OR ELECTROL~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9684~~		~~ACUTE CARE URINARY TRACT INF~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9685~~		~~ACUTE NURSING FACILITY CARE~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
~~G9686~~		~~NURSING FACILITY CONFERENCE~~	~~$0.00~~	FOLLOW OCE; PSI B AS OF 01/01/17
J0570		BUPRENORPHINE IMPLANT 74	$0.00	
J7298		MIRENA; 52 MG	$806.61	RETROACTIVE TO 08/01/2016
J7300		INTRAUT COPPER CONTRACEP	$643.00	RETROACTIVE TO 08/01/2016
J7301		SKYLA 13.5MG	$678.90	
J7303		CONTRACEPT VAGINAL RING	$23.66	
J7304		CONTRACEPTIVE HORMONE PA	$13.29	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
J7306		LEVONORGESTREL IMPLANT S	$383.43	
J7307		ETONOGESTREL IMPLANT SYS	$760.87	
J7507		TACROLIMUS ORAL PER 1 MG	$0.00	
J7508		TACROLIMUS EX REL ORAL 0	$0.00	
K0672		REMOVABLE SOFT INTERFACE LE	$77.47	
K0901		KO SINGLE UPRIGHT PRE OTS	$815.77	
K0902		KO DOUBLE UPRIGHT PRE OTS	$709.84	
L0112		CRANIAL CERVICAL ORTHOSIS	$1,278.50	
L0113		CRANIAL CERVICAL TORTICOLLIS	$260.51	
L0172		CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PI	$90.28	
L0174		CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO P	$219.96	
L0450		TLSO FLEX PREFAB THORACIC	$146.84	
L0454		TLSO FLEX PREFAB SACROCOC-T9	$316.81	
L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	$319.98	
L0456		TLSO FLEX PREFAB	$908.51	
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	$917.59	
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	$814.66	
L0460		TLSO2MOD SYMPHYSIS-STERN PRE	$916.97	
L0462		TLSO 3MOD SACRO-SCAP PRE	$1,140.53	
L0464		TLSO 4MOD SACRO-SCAP PRE	$1,357.79	
L0466		TLSO RIGID FRAME PRE SOFT AP	$329.80	
L0467		TLSO R FRAM SOFT PRE OTS	$333.10	
L0468		TLSO RIGID FRAME PREFAB PELV	$387.25	
L0469		TLSO RIG FRAM PELVIC PRE OTS	$391.12	
L0470		TLSO RIGID FRAME PRE SUBCLAV	$538.64	

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L0472		TLSO RIGID FRAME HYPEREX PRE	$341.61	
L0480		TLSO RIGID PLASTIC CUSTOM FA	$1,494.92	
L0482		TLSO RIGID LINED CUSTOM FAB	$1,671.58	
L0484		TLSO RIGID PLASTIC CUST FAB	$1,804.10	
L0486		TLSO RIGIDLINED CUST FAB TWO	$1,827.96	
L0488		TLSO RIGID LINED PRE ONE PIE	$916.97	
L0490		TLSO RIGID PLASTIC PRE ONE	$258.36	
L0491		TLSO 2 PIECE RIGID SHELL	$701.54	
L0492		TLSO 3 PIECE RIGID SHELL	$442.12	
L0621		SIO FLEX PELVISACRAL PREFAB	$96.38	
L0622		SIO FLEX PELVISACRAL CUSTOM	$218.26	
L0625		LO FLEXIBL L1-BELOW L5 PRE	$50.44	
L0626		LO SAG STAYS/PANELS PRE-FAB	$71.33	
L0627		LO SAGITT RIGID PANEL PREFAB	$376.22	
L0628		LO FLEX W/O RIGID STAYS PRE	$76.77	
L0630		LSO POST RIGID PANEL PRE	$148.22	
L0631		LSO SAG-CORO RIGID FRAME PRE	$939.62	
L0633		LSO FLEXION CONTROL PREFAB	$262.46	
L0635		LSO SAGIT RIGID PANEL PREFAB	$808.69	
L0636		LSO SAGITTAL RIGID PANEL CUS	$1,407.26	
L0637		LSO SAG-CORONAL PANEL PREFAB	$947.40	
L0638		LSO SAG-CORONAL PANEL CUSTOM	$1,204.78	
L0639		LSO S/C SHELL/PANEL PREFAB	$947.40	
L0640		LSO S/C SHELL/PANEL CUSTOM	$955.84	
L0641		LO RIG POS PNL L1-L5 PRE OTS	$72.04	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
L0642		LO SAG RI AN/POS PNL PRE OTS	$379.99	
L0643		LSO SAG CTR RIGI POS PRE OTS	$149.71	
L0648		LSO SAG R AN/POS PNL PRE OTS	$949.02	
L0649		LSO SC R POS/LAT PNL PRE OTS	$265.09	
L0650		LSO SC R ANT/POS PNL PRE OTS	$956.88	
L0651		LSO SAG-CO SHELL PNL PRE OTS	$956.88	
L0859		MRI COMPATIBLE SYSTEM	$1,111.90	
L0861		HALO REPL LINER/INTERFACE	$196.88	
L0984		PROTECTIVE BODY SOCK, EACH	$45.62	
L0999		ADD TO SPINAL ORTHOSIS NOS	$320.78	
L1005		TENSION BASED SCOLIOSIS ORTH	$2,923.67	
L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD,	$85.35	
L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BIL	$105.38	
L1240		ADDITION TO TLSO (LOW PROFILE), LUMBAR DEROTATION PAD	$53.15	
L1250		ADDITION TO TLSO (LOW PROFILE), ANTERIOR ASIS PAD	$49.45	
L1260		ADDITION TO TLSO (LOW PROFILE), ANTERIOR THORACIC DEROT	$51.78	
L1270		ADDITION TO TLSO (LOW PROFILE), ABDOMINAL PAD	$53.04	
L1280		ADDITION TO TLSO (LOW PROFILE), RIB GUSSET (ELASTIC), E	$59.04	
L1290		ADDITION TO TLSO (LOW PROFILE), LATERAL TROCHANTERIC PA	$53.81	
L1652		HO BI THIGHCUFFS W SPRDR BAR	$325.62	
L1685		HO, ABDUCTION CONTROL OF HIP JOINTS, POST-OPERATIVE HIP	$814.27	
L1686		HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP	$703.80	
L1690		COMBINATION BILATERAL HO	$1,766.38	
L1755		LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	$1,083.80	
L1812		KO ELASTIC W/JOINTS PRE OTS	$86.14	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
L1831		KNEE ORTH POS LOCKING JOINT	$268.85	
L1832		KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID	$416.18	
L1833		KO ADJ JNT POS R SUP PRE OTS	$518.78	
L1834		KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	$561.32	
L1836		RIGID KO WO JOINTS	$121.90	
L1843		KO SINGLE UPRIGHT CUSTOM FIT	$819.63	
L1844		KO W/ADJ JT ROT CNTRL MOLDED	$1,228.74	
L1845		KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLE	$577.88	
L1846		KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLE	$726.80	
L1847		KO ADJUSTABLE W AIR CHAMBERS	$525.38	
L1848		KO DBL UPRIGHT W/AIR PRE OTS	$530.65	
L1851		KO SINGLE UPRIGHT PREFAB	$0.00	
L1852		KO DOUBLE UPRIGHT PREFAB	$0.00	
L1902		AFO ANKLE GAUNTLET PRE OTS	$54.64	
L1904		AFO MOLDED ANKLE GAUNTLET	$321.90	
L1906		AFO, MULTILIGAMENTUS ANKLE SUPPORT	$109.79	
L1907		AFO SUPRAMALLEOLAR CUSTOM	$513.98	
L1932		AFO RIG ANT TIB PREFAB TCF/=	$815.09	
L1945		AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR T	$652.03	
L1951		AFO SPIRAL PREFABRICATED	$767.15	
L1971		AFO W/ANKLE JOINT, PREFAB	$428.17	
L2005		KAFO SNG/DBL MECHANICAL ACT	$3,750.60	
L2035		KAFO PLASTIC PEDIATRIC SIZE	$158.23	
L2036		KAFO, FULL PLASTIC, MOLDED TO PATIENT MODEL	$1,394.17	
L2037		KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED T	$1,140.18	

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L2038		KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKL	$978.71	
L2106		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	$465.44	
L2108		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	$832.88	
L2112		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	$319.39	
L2114		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-	$400.60	
L2116		AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	$458.74	
L2126		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	$920.51	
L2128		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	$1,173.81	
L2132		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	$714.01	
L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	$662.07	
L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS	$909.92	
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC	$104.39	
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOC	$66.81	
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED	$92.89	
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTAB	$123.39	
L2188		ADDITION TO LOWER EXTREMITY FRACTURE OTHOSIS, QUADRILAT	$205.03	
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BE	$61.90	
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOIN	$244.08	
L2232		ROCKER BOTTOM, CONTACT AFO	$87.77	
L2265		ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	$80.61	
L2275		ADDITION TO LOWER EXTREMITY, VARUS/VULGUS CORRECTION, P	$101.96	
L2335		ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	$163.18	
L2370		ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	$175.72	
L2375		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOI	$77.35	
L2380		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT	$112.38	

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L2385		ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY	$122.25	
L2387		ADD LE POLY KNEE CUSTOM KAFO	$139.82	
L2390		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JO	$99.92	
L2395		ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY D	$127.27	
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	$88.15	
L2405		ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	$46.45	
L2415		ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL T	$130.14	
L2425		ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABL	$148.95	
L2430		KNEE JNT RATCHET LOCK EA JNT	$91.65	
L2492		ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	$87.41	
L2525		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCH	$938.24	
L2526		ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCH	$607.34	
L2622		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	$209.93	
L2624		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,	$226.67	
L2627		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, M	$1,564.67	
L2628		ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAM	$1,529.16	
L2755		CARBON GRAPHITE LAMINATION	$53.76	
L2768		ORTHO SIDEBAR DISCONNECT	$119.02	
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINE	$21.70	
L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FUL	$58.17	
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNE	$80.06	
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CON	$53.48	
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FO	$79.26	
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FO	$85.74	
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOC	$29.92	

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L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SO	$54.44	
L3224		WOMAN'S SHOE OXFORD BRACE	$50.12	
L3225		MAN'S SHOE OXFORD BRACE	$66.88	
L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	$191.65	
L3674		SO AIRPLANE W/WO JOINT CF	$982.70	
L3675		CANVAS VEST SO	$145.89	
L3760		EO WITHJOINT, PREFABRICATED	$210.21	
L3762		RIGID EO WO JOINTS	$16.12	
L3806		WHFO W/JOINT(S) CUSTOM FAB	$377.64	
L3807		WHFO W INFLATABLE AIRCHAMBER	$39.51	
L3808		WHFO, RIGID W/O JOINTS	$301.70	
L3809		WHFO W/O JOINTS PRE OTS	$209.93	
L3908		WHFO, WRIST EXTENSION CONTROL (COCK-UP), CANVAS OR LEAT	$40.42	
L3915		WHO W NONTOR JNT(S) PREFAB	$57.42	
L3917		PREFAB METACARPL FX ORTHOSIS	$87.80	
L3923		HFO, NO JOINT, PREFABRICATED	$31.08	
L3925		FO PIP/DIP WITH JOINT/SPRING	$40.80	
L3927		FO PIP/DIP W/O JOINT/SPRING	$29.07	
L3929		HFO NONTORSION JOINT, PREFAB	$64.62	
L3931		WHFO NONTORSION JOINT PREFAB	$159.64	
L3981		UE FX ORTH SHOUL CAP FOREARM	$834.54	
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	$264.94	
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR	$21.91	
L4002		REPLACE STRAP, ANY ORTHOSIS	$35.12	
L4045		REPLACE NON-MOLDED THIGH LACER	$270.28	

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L4055		REPLACE NON-MOLDED CALF LACER	$183.00	
L4205		ORTHO DVC REPAIR PER 15 MIN	$28.41	
L4350		PNEUMATIC ANKLE CONTROL SPLINT (AIRCAST OR EQUAL)	$61.20	
L4360		PNEUMATIC WALKING SPLINT (AIRCAST OR EQUAL)	$204.55	
L4361		PNEUMA/VAC WALK BOOT PRE OTS	$254.96	
L4370		PNEUMATIC FULL LEG SPLINT (AIRCAST OR EQUAL)	$141.75	
L4386		NON-PNEUMATIC WALKING SPLINT	$113.67	
L4387		NON-PNEUM WALK BOOT PRE OTS	$146.27	
L4392		REPLACE ANKLE CONTRAC SPLINT	$21.10	
L4394		REPLACE FOOT DROP SPINT	$15.42	
L4396		ANKLE CONTRACTURE SPLINT	$104.85	
L4397		STATIC OR DYNAMI AFO PRE OTS	$152.04	
L4398		FOOT DROP SPLINT RECUMBENT	$69.32	
L4631		AFO, WALK BOOT TYPE, CUS FAB	$1,257.26	
L5105		BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SAC	$2,779.31	
L5150		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET,	$2,836.68	
L5301		BK MOLD SOCKET SACH FT ENDO	$2,120.16	
L5312		KNEE DISART, SACH FT, ENDO	$3,282.68	
L5321		AK OPEN END SACH	$3,092.24	
L5331		HIP DISART CANADIAN SACH FT	$5,084.04	
L5341		HEMIPELVECTOMY CANADIAN SACH	$5,422.28	
L5535		PREP BK PTB OPEN END SOCKET	$1,236.75	
L5585		PREP AK ISCHIAL OPEN END	$2,110.76	
L5595		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON,	$2,936.52	
L5600		PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON,	$3,242.78	

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L5611		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICUL	$1,566.71	
L5613		ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICUL	$2,240.64	
L5617		AK/BK SELF-ALIGNING UNIT EA	$468.47	
L5629		ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	$231.78	
L5631		ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTI	$320.43	
L5637		ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	$210.69	
L5639		ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	$1,090.24	
L5643		ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXI	$1,513.49	
L5645		ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER	$775.87	
L5647		ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	$708.32	
L5649		ADDITION TO LOWER EXTREMITY, CAT-CAM SOCKET	$1,546.11	
L5651		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER	$1,167.77	
L5661		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROM	$443.80	
L5665		ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROM	$373.42	
L5671		BK/AK LOCKING MECHANISM	$547.81	
L5673		SOCKET INSERT W LOCK MECH	$625.84	
L5677		ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS,	$359.58	
L5679		SOCKET INSERT W/O LOCK MECH	$521.51	
L5681		INTL CUSTM CONG/LATYP INSERT	$1,206.32	
L5683		INITIAL CUSTOM SOCKET INSERT	$1,206.32	
L5685		BELOW KNEE SUS/SEAL SLEEVE	$117.23	
L5695		ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL	$144.58	
L5701		REPL. SOCKET, ABOVE KNEE DISARTICULATION, INC. ATTACHME	$2,762.14	
L5705		REPLACEMENT, CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	$733.28	
L5707		REPL. CUSTOM SHAPED PROCTECTIVE COVER HIP DISARTICULATI	$998.24	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
L5711		ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MA	$380.80	
L5781		LOWER LIMB PROS VACUUM PUMP	$3,662.06	
L5782		HD LOW LIMB PROS VACUUM PUMP	$3,860.64	
L5785		ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT M	$378.90	
L5790		ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT M	$524.39	
L5795		ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTR	$783.05	
L5810		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, M	$394.20	
L5811		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, M	$688.96	
L5812		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	$507.15	
L5814		ENDO KNEE-SHIN HYDRAL SWG PH	$3,399.10	
L5816		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, M	$826.96	
L5818		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, F	$933.83	
L5822		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, P	$1,373.60	
L5824		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	$1,491.23	
L5826		MINIATURE KNEE JOINT	$2,858.24	
L5828		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, F	$2,315.88	
L5830		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, P	$1,383.87	
L5840		ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PN	$2,063.37	
L5845		KNEE-SHIN SYS STANCE FLEXION	$1,640.45	
L5848		KNEE-SHIN SYS HYDRAUL STANCE	$984.16	
L5850		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISART	$124.40	
L5855		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MEC	$298.58	
L5856		ELEC KNEE-SHIN SWING/STANCE	$21,955.60	
L5857		ELEC KNEE-SHIN SWING ONLY	$7,780.73	
L5910		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SY	$352.19	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
L5920		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISART	$512.40	
L5925		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTI	$326.73	
L5930		HIGH ACTIVITY KNEE FRAME	$3,071.02	
L5940		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT	$487.75	
L5961		ENDO POLY HIP, PNEU/HYD/ROT	$4,615.14	
L5962		ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRO	$546.13	
L5964		ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PRO	$771.76	
L5966		ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLE	$981.40	
L5968		MULTIAXIAL SHCK ABSORB ANKLE	$3,325.91	
L5969		AK/FT POWER ASST INCL MOTORS	$13,412.32	
L5972		ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAF	$321.08	
L5973		ANK-FOOT SYS DORS-PLANT FLEX	$15,962.72	
L5974		ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE	$172.32	
L5975		COMBO ANKLE/FOOT PROSTHESIS	$424.32	
L5976		ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SE	$440.98	
L5978		ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/	$212.83	
L5979		ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE/FOOT,	$2,014.35	
L5980		ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	$3,605.37	
L5981		ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQU	$2,356.02	
L5982		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTAT	$562.14	
L5984		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTA	$439.92	
L5985		LWR EXT DYNAMIC PROSTH PYLON	$257.62	
L5986		ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UN	$616.18	
L5987		SHANK FT W VERT LOAD PYLON	$6,584.03	
L5988		VERTICALSHOCK/ROTATION PYLON	$1,828.35	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
L5990		USER ADJUSTABLE HEEL HEIGHT	$1,660.44	
L6026		PART HAND MYO EXCLU TERM DEV	$4,267.01	
L6055		WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE IN	$2,064.09	
L6205		ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE IN	$2,723.67	
L6380		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	$849.23	
L6382		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	$1,154.25	
L6384		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	$1,600.62	
L6386		IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITION	$292.86	
L6388		IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION O	$368.72	
L6580		PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SING	$1,371.88	
L6582		PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SING	$1,338.31	
L6584		PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SING	$1,492.73	
L6586		PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SING	$1,553.11	
L6588		PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	$2,061.38	
L6590		PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR	$2,067.44	
L6611		ADDITIONAL SWITCH, EXT POWER	$376.83	
L6616		UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT	$47.30	
L6623		UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WR	$467.81	
L6628		UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER	$465.84	
L6629		UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION C	$133.68	
L6632		UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	$63.17	
L6637		UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	$267.79	
L6638		ELEC LOCK ON MANUAL PW ELBOW	$2,288.79	
L6641		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY T	$117.75	
L6642		UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TY	$158.59	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
L6646		MULTIPO LOCKING SHOULDER JNT	$2,886.68	
L6647		SHOULDER LOCK ACTUATOR	$475.29	
L6648		EXT PWRD SHLDER LOCK/UNLOCK	$2,977.19	
L6677		UE TRIPLE CONTROL HARNESS	$271.49	
L6686		UPPER EXTREMITY ADDITION, SUCTION SOCKET	$430.54	
L6687		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBO	$560.92	
L6688		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBO	$386.35	
L6689		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER D	$655.21	
L6690		UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPU	$501.48	
L6691		UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	$251.74	
L6692		UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL,	$510.30	
L6693		LOCKINGELBOW FOREARM CNTRBAL	$2,598.38	
L6694		ELBOW SOCKET INS USE W/LOCK	$681.98	
L6695		ELBOW SOCKET INS USE W/O LCK	$568.29	
L6696		CUS ELBO SKT IN FOR CON/ATYP	$1,206.32	
L6697		CUS ELBO SKT IN NOT CON/ATYP	$1,206.32	
L6698		BELOW/ABOVE ELBOW LOCK MECH	$596.93	
L6810		TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	$160.56	
L6881		AUTOGRASP FEATURE UL TERM DV	$3,741.70	
L6882		MICROPROCESSOR CONTROL UPLMB	$2,838.32	
L6920		WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED I	$5,916.39	
L6925		WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED I	$6,381.03	
L6930		BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKE	$6,216.32	
L6935		BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKE	$6,673.97	
L6940		ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOC	$8,531.56	

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L6945		ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOC	$9,925.48	
L6950		ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOV	$9,697.32	
L6955		ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOV	$11,613.82	
L6960		SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER	$11,713.39	
L6965		SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER	$12,690.79	
L6970		INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SO	$12,847.47	
L6975		INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SO	$13,764.78	
L7007		ADULT ELECTRIC HAND	$4,283.91	
L7008		PEDIATRIC ELECTRIC HAND	$4,283.91	
L7009		ADULT ELECTRIC HOOK	$3,243.18	
L7040		PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	$2,056.02	
L7045		ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTR	$1,178.79	
L7170		ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	$4,486.81	
L7180		ELECTRONIC ELBOW, UTAH OR EQUAL, MYOELECTRONICALLY CONT	$26,039.12	
L7181		ELECTRONIC ELBO SIMULTANEOUS	$36,671.98	
L7185		ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, SWITCH CONT	$4,654.97	
L7186		ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWIT	$8,436.69	
L7190		ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRON	$5,889.48	
L7191		ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOE	$8,644.03	
L7259		ELECTRONIC WRIST ROTATOR ANY	$3,454.57	
L7360		SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	$165.85	
L7362		BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	$243.61	
L7364		TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	$290.61	
L7366		BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	$391.47	
L7367		REPLACEMNT LITHIUM IONBATTER	$356.32	

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L7368		LITHIUM ION BATTERY CHARGER	$461.93	
L7520		REPAIR PROSTHESIS PER 15 MIN	$15.19	
L8001		BREAST PROSTHESIS BRA & FORM	$114.79	
L8002		BRST PRSTH BRA & BILAT FORM	$151.02	
L8015		EXT BREASTPROSTHESIS GARMENT	$54.87	
L8030		BREAST PROSTHESIS, SILICONE OR EQUAL	$259.61	
L8031		BREAST PROSTHESIS W ADHESIVE	$320.42	
L8032		REUSABLE NIPPLE PROSTHES	$0.00	
L8035		CUSTOM BREAST PROSTHESIS	$3,353.09	
L8040		NASAL PROSTHESIS	$2,114.03	
L8041		MIDFACIAL PROSTHESIS	$2,548.24	
L8042		ORBITAL PROSTHESIS	$2,863.17	
L8043		UPPER FACIAL PROSTHESIS	$3,206.77	
L8044		HEMI-FACIAL PROSTHESIS	$3,550.32	
L8045		AURICULAR PROSTHESIS	$2,223.02	
L8046		PARTIAL FACIAL PROSTHESIS	$2,290.53	
L8047		NASAL SEPTAL PROSTHESIS	$1,173.88	
L8300		TRUSS SNGL STANDARD PAD	$0.00	
L8310		TRUSS DBL STANDARD PAD	$0.00	
L8320		TRUSS ADD STD PAD WATER	$0.00	
L8330		TRUSS ADD STD PAD SCROTL	$0.00	
L8417		PROS SHEATH/SOCK W GEL CUSHN	$68.82	
L8440		PROSTHETIC SHRINKER, BELOW KNEE, EACH	$30.49	
L8465		PROSTHETIC SHRINKER, UPPER LIMB, EACH	$35.58	
L8485		STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	$9.69	

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L8500		ARTIFICIAL LARYNX, ANY TYPE	$481.29	
L8501		TRACHEOSTOMY SPEAKING VALVE	$88.10	
L8507		TRACH-ESOPH VOICE PROS PT IN	$38.33	
L8509		TRACH-ESOPH VOICE PROS MD IN	$99.94	
L8510		VOICE AMPLIFIER	$231.28	
L8511		INDWELLING TRACH INSERT	$66.56	
L8512		GEL CAP FOR TRACH VOICE PROS	$2.01	
L8513		TRACH PROS CLEANING DEVICE	$4.77	
L8514		REPL TRACH PUNCTURE DILATOR	$86.31	
L8515		GEL CAP APP DEVICE FOR TRACH	$57.77	
L8609		ARTIFICIAL CORNEA	$0.00	
L8615		HEADSET/HEADPIECE FOR COCHLEAR IMPLANT DEVICE	$413.63	
L8616		MICROPHONE FOR COCHLEAR IMPLANT DEVICE	$96.31	
L8617		TRANSMITTING COIL FOR COCHLEAR IMPLANT DEVICE	$84.13	
L8618		TANSMITTER CABLE FOR COCHLEAR IMPLANT DEVICE	$24.05	
L8619		REPLACE COCHLEAR PROCESSOR	$7,501.86	
L8621		REPL ZINC AIR BATTERY	$0.58	
L8622		ALKALINE BATTERY FOR COCHLEAR IMPLANT DEVICE	$0.30	
L8623		LITHIUM BATTERY FOR COCHLEAR IMPLANT	$59.34	
L8624		LITHIUM ION BATTERY FOR COCHLEAR IMPLANT	$147.88	
L8627		COCHLEAR IMPLANT EXT SPEECH PROCESSOR	$6,231.64	
L8628		COCHLEAR IMPLANT EXT CONTR	$1,124.56	
L8629		COCHLEAR TRNSMT COIL INTEGRATED	$161.01	
L8681		PT PRGRM FOR IMPLT NEUROSTIM	$971.01	
L8689		EXTERNAL RECHARGING SYSTEM	$1,581.91	

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L8691		OSSEOINTEGRATED SND PROC RPL	$2,445.40	
L8693		AUD OSSEO DEV, ABUTMENT	$1,390.59	
L8695		EXTERNAL RECHARG SYS EXTERN	$15.28	
L8696		EXT ANTENNA PHREN NERVE STIM	$197.85	
P3000		SCREEN PAP TECH MD SUPV	$0.00	
~~P9010~~		~~WHOLE BLOOD FOR TRANSFUS~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9011~~		~~BLOOD SPLIT UNIT~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9012~~		~~CRYOPRECIPITATE-EA UNIT~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9016~~		~~RBC LEUKOCYTE REDUCED~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9017~~		~~FRESH FROZEN PLASMA-EA~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9019~~		~~PLATELETS; EACH UNIT~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9020~~		~~PLATELET RICH PLASMA-UN~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9021~~		~~RED BLOOD CELLS UNIT~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9022~~		~~WASHED RED BLOOD CELLS~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9023~~		~~PLASMA; POOLED MULTIPLE~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9031~~		~~PLATLTS LEUKOCY REDUCED~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9032~~		~~PLATELETS IRRADIATED-EA~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9033~~		~~PLATLTS LEUK RED IRRAD~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9034~~		~~PLATELETS PHERESIS-EACH~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9035~~		~~PLATLTS PHER LEUK RED~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9036~~		~~PLATELETS PHERESIS IRRAD~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9037~~		~~PLATLT PHER LEUK RED IRR~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9038~~		~~RBC IRRADIATED-EACH UNIT~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9039~~		~~RBC DEGLYCEROLIZED-EA~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9040~~		~~RBC LEUKO REDUC IRRAD~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R

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~~P9043~~		~~PLASM PROT FRAC 5% 50 ML~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9044~~		~~PLASMA CRYOPRECIP REDUC~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9045~~		~~ALBUMIN (HUMAN); 5%; 250~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9046~~		~~ALBUMIN (HUMAN); 25%; 20~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9047~~		~~ALBUMIN (HUMAN); 25%; 50~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9048~~		~~PLASMAPROTEIN FRACT;5%;2~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9050~~		~~GRANULOCYTES; PHERESIS U~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9051~~		~~RBC LEUKO RED CMV-NEG~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9052~~		~~PLATLT HLA-MATC LEUK RED~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9053~~		~~PLT LEUK RED CMV-NEG IRR~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9054~~		~~RBC L/R; FROZ/DEGLY/WASH~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9055~~		~~PLATLET LEUK RED CMV-NEG~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9056~~		~~WHL BLOOD LEUK RED IRRAD~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9057~~		~~RBC FRZ/DEG/WSH/L-R/IRR~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9058~~		~~RBC LEUK RED CMV-NEG IRR~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9059~~		~~PLASMA FRZ BETWEEN 8-24~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
~~P9060~~		~~FRZ PLASMA DONOR RETEST~~	~~$0.00~~	FOLLOW OCE; COVERED; PSI R
P9603		1-WY TRVL PRORATED MILES	$0.00	
P9604		1-WY TRVL PRORATED TRIP	$0.00	
P9612		CATHETERIZE FOR URINE SPEC	$3.15	
Q0092		SET UP PORT XRAY EQUIP	$0.00	
Q0111		WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL	$5.95	
Q0112		ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	$6.25	
Q0113		PINWORM EXAMINATIONS	$7.84	
Q0114		FERN TEST	$10.38	

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Q0115		POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL	$14.86	
Q0478		POWER ADAPTER, COMBO VAD	$168.52	
Q0479		POWER MODULE COMBO VAD, REP	$11,076.07	
Q0480		DRIVER PNEUMATIC VAD, REP	$82,595.75	
Q0481		MICROPRCSR CU ELEC VAD, REP	$13,325.85	
Q0482		MICROPRCSR CU COMBO VAD, REP	$4,173.91	
Q0483		MONITOR ELEC VAD, REP	$17,194.65	
Q0484		MONITOR ELEC OR COMB VAD REP	$3,339.13	
Q0485		MONITOR CABLE ELEC VAD, REP	$322.42	
Q0486		MON CABLE ELEC/PNEUM VAD REP	$268.31	
Q0487		LEADS ANY TYPE VAD, REP ONLY	$313.03	
Q0489		PWR PCK BASE COMBO VAD, REP	$14,906.81	
Q0490		EMR PWR SOURCE ELEC VAD, REP	$644.78	
Q0491		EMR PWR SOURCE COMBO VAD REP	$1,013.70	
Q0492		EMR PWR CBL ELEC VAD, REP	$81.67	
Q0493		EMR PWR CBL COMBO VAD, REP	$232.55	
Q0494		EMR HD PMP ELEC/COMBO, REP	$196.78	
Q0495		CHARGER ELEC/COMBO VAD, REP	$3,830.70	
Q0496		BATTERY ELEC/COMBO VAD, REP	$1,374.89	
Q0497		BAT CLPS ELEC/COMB VAD, REP	$429.34	
Q0498		HOLSTER ELEC/COMBO VAD, REP	$471.06	
Q0499		BELT/VEST ELEC/COMBO VAD REP	$153.04	
Q0500		FILTERS ELEC/COMBO VAD, REP	$27.99	
Q0501		SHWR COV ELEC/COMBO VAD, REP	$468.34	
Q0502		MOBILITY CART PNEUM VAD, REP	$596.27	

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		Indicates 3RD quarter 2017 change/addition	**08/03/2017**	
CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
Q0503		BATTERY PNEUM VAD REPLACEMNT	$1,192.55	
Q0504		PWR ADPT PNEUM VAD, REP VEH	$629.28	
Q0506		LITH-ION BATT ELEC/PNEUM VAD	$783.28	
Q2034		AGRIFLU VACCINE	$0.00	
Q2035		AFLURIA VACC; 3 YRS & >	$0.00	
Q2036		FLULAVAL VACC; 3 YRS & >	$0.00	
Q2037		FLUVIRIN VACC; 3 YRS & >	$0.00	
Q2038		FLUZONE VACC; 3 YRS & >	$0.00	
Q2039		NOS FLU VACC; 3 YRS & >	$0.00	
Q3014		TELEHEALTH SITE FEE	$25.72	
~~Q4117~~		~~HYALOMATRIX~~	~~$0.00~~	FOLLOW OCE; PACKAGED; PSI N
~~Q4118~~		~~MATRISTEM MICROMATRIX~~	~~$0.00~~	FOLLOW OCE; PACKAGED; PSI N
~~Q4119~~		~~MATRISTEM WOUND MATRIX~~	~~$0.00~~	CODE TERMED 12/31/2016
~~Q4120~~		~~MATRISTEM BURN MATRIX~~	~~$0.00~~	CODE TERMED 12/31/2016
Q5101		INJ FILGRASTIM GCSF BIOSIMIL	$0.00	
~~Q5102~~		~~INJ INFLIXIMAB BIOSIMILAR~~	~~$0.00~~	FOLLOW OCE; PSI K AS OF 01/01/17
~~Q9981~~		~~ROLAPITANT, ORAL, 1MG~~	~~$0.00~~	CODE TERMED 12/31/2016
~~Q9982~~		~~FLUTEMETAMOL F18~~	~~$0.00~~	FOLLOW OCE; PSI G AS OF 01/01/17
~~Q9983~~		~~FLORBETABEN F18~~	~~$0.00~~	FOLLOW OCE; PSI G AS OF 01/01/17
Q9989		USTEKINUMAB IV INJ; 1 MG	$0.00	
V2020		FRAMES, COMPLETE	$61.20	
V2100		SPHER SINGLE PLANO 4.00	$0.00	
V2101		SGL VISION SPHERE 4.12-	$0.00	
V2102		SINGL VISN SPHERE 7.12-	$0.00	
V2103		SPHEROCYLINDR 4.00D/.12-	$0.00	

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V2104		SPHEROCYLINDR 4.00D/2.12	$0.00	
V2105		SPHEROCYLINDR 4.00D/4.25	$0.00	
V2106		SPHEROCYLINDR 4.00D/>6.0	$0.00	
V2107		SPHEROCYLINDR 4.25D/.12	$0.00	
V2108		SPHEROCYLINDR 4.25D/2.12	$0.00	
V2109		SPHEROCYLINDR 4.25D/4.25	$0.00	
V2110		SPHEROCYLINDR 4.25D/OVER	$0.00	
V2111		SPHEROCYLINDR 7.25D/.25-	$0.00	
V2112		SPHEROCYLINDR 7.25D/2.25	$0.00	
V2113		SPHEROCYLINDR 7.25D/4.25	$0.00	
V2114		SPHEROCYLINDER OVER 12.0	$0.00	
V2115		LENTICULAR LENS SINGLE	$0.00	
V2118		ANISEIKONIC LENS SINGLE	$0.00	
V2121		LENTICULAR LENS-SINGLE	$0.00	
V2199		NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	$33.60	
V2200		SPHER BIFOC PLANO 4.00D	$0.00	
V2201		SPHERE BIFOCAL 4.12-7.00	$0.00	
V2202		SPHERE BIFOCAL 7.12-20.0	$0.00	
V2203		SPHCYL BIFOC 4.00D/.12-2	$0.00	
V2204		SPHCY BIFOC 4.00D/2.12-4	$0.00	
V2205		SPHCY BIFOC 4.00D/4.25-6	$0.00	
V2206		SPHCY BIFOC 4.00D/OVER 6	$0.00	
V2207		SPHCY BIF 4.25-7/.12-2.0	$0.00	
V2208		SPHCY BIF 4.25-7/2.12-4	$0.00	
V2209		SPHCY BIF 4.25-7/4.25-6	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
V2210		SPHCY BIF 4.25-7/OVER 6	$0.00	
V2211		SPHCY BIF 7.25-12/25-2.2	$0.00	
V2212		SPHCY BIF 7.25-12/2.25-4	$0.00	
V2213		SPHCY BIF 7.25-12/4.25-6	$0.00	
V2214		SPHCYL BIF OVER 12.00D	$0.00	
V2215		LENTICULAR BIFOCAL	$0.00	
V2218		ANISEIKONIC BIFOCAL	$0.00	
V2219		BIFOCAL SEG WIDTH >28MM	$0.00	
V2220		BIFOCAL ADD OVER 3.25D	$0.00	
V2221		LENTICULAR LENS, BIFOCAL	$58.61	
V2299		SPECIALTY BIFOCAL (BY REPORT)	$50.44	
V2300		SPHERE TRIFOCAL 4.00D	$0.00	
V2301		SPHERE TRIFOCAL 4.12-7.0	$0.00	
V2302		SPHERE TRIFOCAL 7.12-20	$0.00	
V2303		SPHCY TRIFOCAL 4.0/.12-2	$0.00	
V2304		SPHCY TRIFOCL 4.0/2.25-4	$0.00	
V2305		SPHCY TRIFOCL 4.0/4.25-6	$0.00	
V2306		SPHCYL TRIFOCAL 4.00/>6	$0.00	
V2307		SPHCY TRIFOCL 4.25-7/.12	$0.00	
V2308		SPHC TRIFOCL 4.25-7/2.12	$0.00	
V2309		SPHC TRIFOCL 4.25-7/4.25	$0.00	
V2310		SPHC TRIFOCAL 4.25-7/>6	$0.00	
V2311		SPHC TRIFO 7.25-12/.25-2	$0.00	
V2312		SPHC TRIFO 7.25-12/2.25-	$0.00	
V2313		SPHC TRIFO 7.25-12/4.25-	$0.00	

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CODE	**MODIFIER**	**DESCRIPTION**	**SY17 PRICE WITHOUT CUTBACK % APPLIED**	**COMMENTS**
V2314		SPHCYL TRIFOCAL OVER 12	$0.00	
V2315		LENTICULAR TRIFOCAL	$0.00	
V2318		ANISEIKONIC TRIFOCAL	$0.00	
V2319		TRIFOCAL SEG WDTH >28 MM	$0.00	
V2320		TRIFOCAL ADD OVER 3.25D	$0.00	
V2321		LENTICULAR LENS-TRIFOCAL	$0.00	
V2500		CNTCT LENS PMMA SPHERICL	$0.00	
V2501		CNTCT LENS PMMA-TORIC/PR	$0.00	
V2502		CONTACT LENS PMMA BIFOCL	$0.00	
V2503		CNTCT LENS PMMA COLR VIS	$0.00	
V2510		CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	$104.77	
V2511		CNTCT TORIC PRISM BALLST	$0.00	
V2512		CNTCT LENS GAS PERM BIF0	$0.00	
V2513		CONTACT LENS EXT WEAR	$0.00	
V2520		CONTACT LENS HYDROPHILIC, SPERICAL, PER LENS	$88.21	
V2521		CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER	$170.82	
V2522		CNTCT LENS HYDROPHIL BIF	$0.00	
V2523		CNTCT LENS HYDROPHIL EXT	$0.00	
V2530		CONTACT LENS, SCLERAL, PER LENS (FOR CONTACT LENS MODIF	$181.31	
V2531		CONTACT LENS GAS PERMEABLE	$479.80	
V2599		NOT OTHERWISE CLASSIFIED, CONTACT LENS	$21.81	
V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS	$64.03	
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	$443.56	
V2626		REDUCTION OF OCULAR PROSTHESIS	$204.66	
V2628		FABRICATION AND FITTING OF OCULAR CONFORMER	$335.42	

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V2700		BALANCE LENS; PER LENS	$0.00	
V2715		PRISM, PER LENS	$9.48	
V2730		SPECIAL BASE CURVE	$0.00	
V2744		TINT, PHOTOCHROMATIC, PER LENS	$14.76	
V2745		TINT-ANY COLOR/SOLID/GR	$0.00	
V2755		U-V LENS; PER LENS	$0.00	
V2770		OCCLUDER LENS; PER LENS	$0.00	
V2780		OVERSIZE LENS; PER LENS	$0.00	
V2782		LENS TO 1.65 P/TO 1.79 G	$0.00	
V2783		LENS >= 1.66 P/>=1.80 G	$0.00	
V2790		AMNIOTIC MEMBRANE	$0.00	

FOOTNOTES:

#1 AMBULANCE SERVICES MUST BE BILLED ON 1500 FORM AND ARE NOT PART OF SD DSS OPPS

THE INFORMATION ON THIS PAGE SERVES AS A REFERENCE ONLY. IT DOES NOT GUARANTEE THAT SERVICES ARE COVERED. SUBJECT TO CHANGE