

Form #2

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SECRETARY OF STATE

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STATE OF WEST VIRGINIA
DEPARTMENT OF EDUCATION AND THE ARTS
OFFICE OF THE CABINET SECRETARY
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CABINET SECRETARY

June 13, 2006

Judy Cooper, Team Leader
Administrative Law Division
Office of the Secretary of State
Building 1, Suite 157-K
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0770

Dear Ms. Cooper:

With this letter, I am granting approval to the Division of Rehabilitation Services to file the following legislative rule with the Office of the Secretary of State for public comment:

West Virginia Division of Rehabilitation Services Resource Manual
Title 130
Series 2.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kay Goodwin".

Kay Goodwin
Cabinet Secretary

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: 130 CSR 2 Resources Manual

Type of Rule: ☒ Legislative ☐ Interpretive ☐ Procedural

Agency: West Virginia Division of Rehabilitation Services

Address: PO Box 50890, State Capitol, Charleston WV 25305

Phone Number: 766-4997 Email: tracy.carr@wvdrs.org

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

No Fiscal Impact

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost			
Personal Services			
Current Expenses			
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues			

Rule Title: _____

Rule Title: 130 CSR 2 Resources Manual

3. **Explanation of above estimates (including long-range effect):**
Please include any increase or decrease in fees in your estimated total revenues.

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule would not have a fiscal impact, and/or any special issues not captured elsewhere on this form.

Date: 6/19/06

Signature of Agency Head or Authorized Representative

Deborah Lowly

**TITLE 130
LEGISLATIVE RULE
WEST VIRGINIA DIVISION OF REHABILITATION SERVICES**

**SERIES 2
RESOURCES MANUAL**

§130-2-1. General.

1.1. Scope -- This rule is being filed pursuant to W. Va. Code §29A-3-1 et seq. and §18-10A-1 et seq. This rule references the Division of Rehabilitation Services' Resources Manual which establishes the fee schedule for vocational rehabilitation services that may be purchased by the Division of Rehabilitation Services for its clients.

1.2. Authority. -- W. Va. Code §18-10A-1 et seq.

1.3. Filing Date. -- .

1.4. Effective Date. -- .

1.5. Repeal and Replace -- This rule repeals and replaces the West Virginia Division of Vocational Rehabilitation Resources Manual Legislative Rule 130CSR2 with the West Virginia Division of Rehabilitation Services Resources Manual Legislative Rule.

§130-2-2. Description.

2.1. General Purpose. The West Virginia Division of Rehabilitation Services operates as the Designated State Unit for the administration of the vocational rehabilitation program as authorized by Title IV of the Workforce Investment Act of 1998 (PL 105-220) and governed by 34 CFR Part 361. The purpose of the West Virginia Division of Rehabilitation Services is to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that they may prepare for and engage in gainful employment.

2.2. Resources Manual. The West Virginia Division of Rehabilitation Services maintains a Resources Manual that establishes fee schedule for vocational rehabilitation services that may be purchased by the Division of Rehabilitation Services for its clients. Federal law authorizes the West Virginia Division of Rehabilitation Services to establish a fee schedule that ensures reasonable cost to the program for each service provided through the vocational rehabilitation program. The fee schedule cannot be so low that it denies an individual a necessary service and the Division must permit exceptions so that individual needs can be addressed (34 CFR 361.50). The West Virginia Division of Rehabilitation Services bases its fee schedule on rates set by the Public Employees Insurance Agency, Medicaid, and Medicare. The Division's fee schedule does not exceed the highest state payor.

§130-2-3. Incorporation by Reference.

3.1. Incorporation by Reference. The Resources Manual maintained by the West Virginia Division of Rehabilitation Services is hereby incorporated by reference as a Legislative Rule. The Resources Manual is available from the West Virginia Division of Rehabilitation Services.

**TITLE 130
LEGISLATIVE RULE
WEST VIRGINIA DIVISION OF REHABILITATION SERVICES**

**SERIES 2
RESOURCES MANUAL**

Summary

The proposed rule repeals and replaces a current Legislative Rule. The proposed rule will replace a rule that is currently out of date. The proposed rule will reference the West Virginia Division of Rehabilitation Services' Resources Manual that is presently incorporated into a Legislative Rule. The Division of Rehabilitation Services operates the state/federal vocational rehabilitation program and is authorized by federal law to establish a fee schedule that ensures reasonable cost to the vocational rehabilitation program for each service provided.

TITLE 130
LEGISLATIVE RULE
WEST VIRGINIA DIVISION OF REHABILITATION SERVICES

SERIES 1
CLIENT SERVICES

Statement of Need

Repealing and replacing the current Legislative Rule will enable the West Virginia Division of Rehabilitation Services to eliminate a rule that is dated and incompatible with the Division's current fee schedule. The Division is proposing a Legislative Rule that will reference the Division's Resources Manual in order to replace the outdated rule.

TITLES I and II
of the
REHABILITATION ACT
VOLUME 1 of 2

State Department of Education and the Arts
Division of Rehabilitation Services
James S. Jeffers, Director



NOTICE

*This document includes the text of Titles I and II
of the Rehabilitation Act of 1973, as amended.*

It is provided as a public service.

It is intended only for the information of interested citizens.

*It is not intended to be and should not be relied on as an
authoritative reference for litigation or for other legal matters.*

*Persons desiring to consult or cite an authoritative reference
should obtain the advice of a qualified attorney.*

TABLE OF CONTENTS

Volume 1

(See Volume 2 for Titles III-VII)

Findings; Purpose; Policy

Sec. 2. Findings; Purpose; Policy	1
Sec. 3. Rehabilitation Services Administration	3
Sec. 4. Advance Funding	3
Sec. 5. Joint Funding	4
Sec. 7. Definitions	4
Sec. 8. Allotment Percentage	21
Sec. 10. Nonduplication	22
Sec. 11. Application of Other Laws	22
Sec. 12. Administration of the Act	22
Sec. 13. Reports	23
Sec. 14. Evaluation	24
Sec. 15. Information Clearinghouse	25
Sec. 16. Transfer of Funds	26
Sec. 17. State Administration	26
Sec. 18. Review of Applications	26
Sec. 19. Carryover	26
Sec. 20. Client Assistance Information	27
Sec. 21. Traditionally Underserved Populations	27

TITLE I - VOCATIONAL REHABILITATION SERVICES

Part A - General Provisions

Sec. 100. Declaration of Policy; Authorization of Appropriations	30
Sec. 101. State Plans	34
Sec. 102. Eligibility and Individualized Plan for Employment	55
Sec. 103. Vocational Rehabilitation Services	69
Sec. 104. Non-Federal Share for Establishment of Program or Construction	72
Sec. 105. State Rehabilitation Council	72
Sec. 106. Evaluation Standards and Performance Indicators	80
Sec. 107. Monitoring and Review	81
Sec. 108. Expenditure of Certain Amounts	86
Sec. 109. Training of Employers with Respect to Americans with Disabilities Act of 1990	86

Part B - Basic Vocational Rehabilitation Services

<i>Sec. 110.</i> State Allotments	86
<i>Sec. 111.</i> Payments to States.....	88
<i>Sec. 112.</i> Client Assistance Program	89

Part C - American Indian Vocational Rehabilitation Services

<i>Sec. 121.</i> Vocational Rehabilitation Services Grants	92
--	----

Part D - Vocational Rehabilitation Services Client Information

<i>Sec. 131.</i> Data Sharing	93
-------------------------------------	----

TITLE II - RESEARCH AND TRAINING

<i>Sec. 200.</i> Declaration of Purpose	95
<i>Sec. 201.</i> Authorization of Appropriations	96
<i>Sec. 202.</i> National Institute on Disability and Rehabilitation Research.....	96
<i>Sec. 203.</i> Interagency Committee	102
<i>Sec. 204.</i> Research and Other Covered Activities	103
<i>Sec. 205.</i> Rehabilitation Research Advisory Council.....	113

TABLE OF CONTENTS

Volume 2

TITLE III - PROFESSIONAL DEVELOPMENT AND SPECIAL PROJECTS AND DEMONSTRATIONS

<i>Sec. 301.</i> Declaration of Purpose and Competitive Basis of Grants and Contracts	116
<i>Sec. 302.</i> Training	117
<i>Sec. 303.</i> Demonstration and Training Programs.....	124
<i>Sec. 304.</i> Migrant and Seasonal Farmworkers	132
<i>Sec. 305.</i> Recreational Programs.....	133
<i>Sec. 306.</i> Measuring of Project Outcomes and Performance.....	135

TITLE IV- NATIONAL COUNCIL ON DISABILITY

<i>Sec. 400.</i> Establishment of National Council on Disability	137
<i>Sec. 401.</i> Duties of National Council.....	138

<i>Sec. 402. Compensation of National Council Members</i>	140
<i>Sec. 403. Staff of National Council.....</i>	140
<i>Sec. 404. Administrative Powers of National Council</i>	141
<i>Sec. 405. Authorization of Appropriations</i>	141

TITLE V- RIGHTS AND ADVOCACY

<i>Sec. 501. Employment of Individuals with Disabilities</i>	143
<i>Sec. 502. Architectural and Transportation Barriers Compliance Board</i>	145
<i>Sec. 503. Employment Under Federal Contracts</i>	151
<i>Sec. 504. Nondiscrimination Under Federal Grants and Programs</i>	152
<i>Sec. 505. Remedies and Attorneys' Fees.....</i>	154
<i>Sec. 506. Secretarial Responsibilities.....</i>	154
<i>Sec. 507. Interagency Disability Coordinating Council.....</i>	155
<i>Sec. 508. Electronic and Information Technology Accessibility Guidelines</i>	156
<i>Sec. 509. Protection and Advocacy of Individuals Rights.....</i>	160

TITLE VI - EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

<i>Sec. 601. Short Title</i>	166
------------------------------------	-----

Part A - Projects With Industry

<i>Sec. 611. Projects With Industry</i>	166
<i>Sec. 612. Authorization of Appropriations</i>	170

Part B - Supported Employment Services for Individuals With the Most Significant Disability

<i>Sec. 621. Purpose</i>	170
<i>Sec. 622. Allotments</i>	170
<i>Sec. 623. Availability of Services</i>	171
<i>Sec. 624. Eligibility</i>	172
<i>Sec. 625. State Plan</i>	172
<i>Sec. 626. Restriction</i>	174
<i>Sec. 627. Savings Provision.....</i>	174
<i>Sec. 628. Authorization of Appropriations</i>	174

TITLE VII - INDEPENDENT LIVING SERVICES AND CENTERS FOR INDEPENDENT LIVING

CHAPTER 1 - INDIVIDUALS WITH SIGNIFICANT DISABILITIES

Part A - General Provisions

<i>Sec. 701. Purpose</i>	175
<i>Sec. 702. Definitions.....</i>	175
<i>Sec. 703. Eligibility for Receipt of Services.....</i>	176
<i>Sec. 704. State Plan</i>	176
<i>Sec. 705. Independent Living Council.....</i>	180
<i>Sec. 706. Responsibilities of the Commissioner</i>	184

Part B - Services for Independent Living

<i>Sec. 711. Allotments</i>	186
<i>Sec. 712. Payments to States from Allotments.....</i>	187
<i>Sec. 713. Authorized Uses of Funds.....</i>	188
<i>Sec. 714. Authorization of Appropriations</i>	188

Part C - Centers for Independent Living

<i>Sec. 721. Program Authorization</i>	189
<i>Sec. 722. Grants to Centers for Independent Living in States in Which Federal Funding Exceeds State Funding</i>	192
<i>Sec. 723. Grants to Centers for Independent living in States in Which State Funding Equals or Exceeds Federal Funding</i>	195
<i>Sec. 724. Centers Operated by State Agencies</i>	199
<i>Sec. 725. Standards and Assurances for Centers for Independent Living</i>	200
<i>Sec. 726. Definitions</i>	203
<i>Sec. 727. Authorization of Appropriations</i>	203

CHAPTER 2 - INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

<i>Sec. 751. Definition</i>	203
<i>Sec. 752. Program of Grants.....</i>	203
<i>Sec. 753. Authorization of Appropriations</i>	209

FINDINGS; PURPOSE; POLICY

Sec. 2. (a) Findings

Congress finds that--

(1) millions of Americans have one or more physical or mental disabilities and the number of Americans with such disabilities is increasing;

(2) individuals with disabilities constitute one of the most disadvantaged groups in society;

(3) disability is a natural part of the human experience and in no way diminishes the right of individuals to--

(A) live independently;

(B) enjoy self-determination;

(C) make choices;

(D) contribute to society;

(E) pursue meaningful careers; and

(F) enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society;

(4) increased employment of individuals with disabilities can be achieved through implementation of statewide workforce investment systems under title I of the Workforce Investment Act of 1998 that provide meaningful and effective participation for individuals with disabilities in workforce investment activities and activities carried out under the vocational rehabilitation program established under title I, and through the provision of independent living services, support services, and meaningful opportunities for employment in integrated work settings through the provision of reasonable accommodations;

(5) individuals with disabilities continually encounter various forms of discrimination in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and public services; and

(6) the goals of the Nation properly include the goal of providing individuals with disabilities with the tools necessary to--

(A) make informed choices and decisions; and

(B) achieve equality of opportunity, full inclusion and integration in society, employment, independent living, and economic and social self-sufficiency, for such individuals.

(b) Purpose

The purposes of this Act are--

(1) to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society, through--

(A) statewide workforce investment systems implemented in accordance with title I of the Workforce Investment Act of 1998 that include, as integral components, comprehensive and coordinated state-of-the-art programs of vocational rehabilitation;

(B) independent living centers and services;

(C) research;

(D) training;

(E) demonstration projects; and

(F) the guarantee of equal opportunity; and

(2) to ensure that the Federal Government plays a leadership role in promoting the employment of individuals with disabilities, especially individuals with significant disabilities, and in assisting States and providers of services in fulfilling the aspirations of such individuals with disabilities for meaningful and gainful employment and independent living.

(c) Policy

It is the policy of the United States that all programs, projects, and activities receiving assistance under this Act shall be carried out in a manner consistent with the principles of--

(1) respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, of individuals with disabilities;

(2) respect for the privacy, rights, and equal access (including the use of accessible formats), of the individuals;

(3) inclusion, integration, and full participation of the individuals;

(4) support for the involvement of an individual's representative if an individual with a disability requests, desires, or needs such support; and

(5) support for individual and systemic advocacy and community involvement.

REHABILITATION SERVICES ADMINISTRATION

Sec. 3. (a) There is established in the Office of the Secretary a Rehabilitation Services Administration which shall be headed by a Commissioner (hereinafter in this Act referred to as the 'Commissioner') appointed by the President by and with the advice and consent of the Senate. Except for titles IV and V and as otherwise specifically provided in this Act, such Administration shall be the principal agency, and the Commissioner shall be the principal officer, of such Department for carrying out this Act. The Commissioner shall be an individual with substantial experience in rehabilitation and in rehabilitation program management. In the performance of the functions of the office, the Commissioner shall be directly responsible to the Secretary or to the Under Secretary or an appropriate Assistant Secretary of such Department, as designated by the Secretary. The functions of the Commissioner shall not be delegated to any officer not directly responsible, both with respect to program operation and administration, to the Commissioner. Any reference in this Act to duties to be carried out by the Commissioner shall be considered to be a reference to duties to be carried out by the Secretary acting through the Commissioner. In carrying out any of the functions of the office under this Act, the Commissioner shall be guided by general policies of the National Council on Disability established under title IV of this Act.

(b) The Secretary shall take whatever action is necessary to ensure that funds appropriated pursuant to this Act are expended only for the programs, personnel, and administration of programs carried out under this Act.

ADVANCE FUNDING

Sec. 4. (a) For the purpose of affording adequate notice of funding available under this Act, appropriations under this Act are authorized to be included in the appropriation Act for the fiscal year preceding the fiscal year for which they are available for obligation.

(b) In order to effect a transition to the advance funding method of timing appropriation action, the authority provided by subsection (a) of this section shall apply notwithstanding that its initial application will result in the enactment in the same year (whether in the same appropriation Act or otherwise) of two separate appropriations, one for the then current fiscal year and one for the succeeding fiscal year.

JOINT FUNDING

Sec. 5. Pursuant to regulations prescribed by the President, and to the extent consistent with the other provisions of this Act, where funds are provided for a single project by more than one Federal agency to an agency or organization assisted under this Act, the Federal agency principally involved may be designated to act for all in administering the funds provided, and, in such cases, a single non-Federal share requirement may be established according to the proportion of funds advanced by each agency. When the principal agency involved is the Rehabilitation Services Administration, it may waive any grant or contract requirement (as defined by such regulations) under or pursuant to any law other than this Act, which requirement is inconsistent with the similar requirements of the administering agency under or pursuant to this Act.

DEFINITIONS

Sec. 7. For the purposes of this Act:

(1) Administrative costs

The term "administrative costs" means expenditures incurred in the performance of administrative functions under the vocational rehabilitation program carried out under title I, including expenses related to program planning, development, monitoring, and evaluation, including expenses for--

- (A)** quality assurance;
- (B)** budgeting, accounting, financial management, information systems, and related data processing;
- (C)** providing information about the program to the public;
- (D)** technical assistance and support services to other State agencies, private nonprofit organizations, and businesses and industries, except for technical assistance and support services described in section 103(b)(5);
- (E)** the State Rehabilitation Council and other advisory committees;
- (F)** professional organization membership dues for designated State unit employees;
- (G)** the removal of architectural barriers in State vocational rehabilitation agency offices and State operated rehabilitation facilities;
- (H)** operating and maintaining designated State unit facilities, equipment, and grounds;

(I) supplies;

(J) administration of the comprehensive system of personnel development described in section 101(a)(7), including personnel administration, administration of affirmative action plans, and training and staff development;

(K) administrative salaries, including clerical and other support staff salaries, in support of these administrative functions;

(L) travel costs related to carrying out the program, other than travel costs related to the provision of services;

(M) costs incurred in conducting reviews of rehabilitation counselor or coordinator determinations under section 102(c); and

(N) legal expenses required in the administration of the program.

(2) Assessment for determining eligibility and vocational rehabilitation needs

The term "assessment for determining eligibility and vocational rehabilitation needs" means, as appropriate in each case--

(A)(i) a review of existing data--

(I) to determine whether an individual is eligible for vocational rehabilitation services; and

(II) to assign priority for an order of selection described in section 101(a)(5)(A) in the States that use an order of selection pursuant to section 101(a)(5)(A); and

(ii) to the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make such determination and assignment;

(B) to the extent additional data is necessary to make a determination of the employment outcomes, and the objectives, nature, and scope of vocational rehabilitation services, to be included in the individualized plan for employment of an eligible individual, a comprehensive assessment to determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment, of the eligible individual, which comprehensive assessment--

(i) is limited to information that is necessary to identify the rehabilitation needs of the individual and to develop the individualized plan for employment of the eligible individual;

(ii) uses, as a primary source of such information, to the maximum extent possible and appropriate and in accordance with confidentiality requirements--

(I) existing information obtained for the purposes of determining the eligibility of the individual and assigning priority for an order of selection described in section 101(a)(5)(A) for the individual; and

(II) such information as can be provided by the individual and, where appropriate, by the family of the individual;

(iii) may include, to the degree needed to make such a determination, an assessment of the personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual, and the medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors, that affect the employment and rehabilitation needs of the individual; and

(iv) may include, to the degree needed, an appraisal of the patterns of work behavior of the individual and services needed for the individual to acquire occupational skills, and to develop work attitudes, work habits, work tolerance, and social and behavior patterns necessary for successful job performance, including the utilization of work in real job situations to assess and develop the capacities of the individual to perform adequately in a work environment;

(C) referral, for the provision of rehabilitation technology services to the individual, to assess and develop the capacities of the individual to perform in a work environment; and

(D) an exploration of the individual's abilities, capabilities, and capacity to perform in work situations, which shall be assessed periodically during trial work experiences, including experiences in which the individual is provided appropriate supports and training.

(3) Assistive technology device

The term "assistive technology device" has the meaning given such term in section 3(2) of the Technology-Related Assistance for Individuals With Disabilities Act of 1988 (29 U.S.C. 2202(2)), except that the reference in such section to the term "individuals with disabilities" shall be deemed to mean more than one individual with a disability as defined in paragraph (20)(A).

(4) Assistive technology service

The term "assistive technology service" has the meaning given such term in section 3(3) of the Technology-Related Assistance for Individuals With Disabilities Act of 1988 (29 U.S.C. 2202(3)), except that the reference in such section--

(A) to the term "individual with a disability" shall be deemed to mean an individual with a disability, as defined in paragraph (20)(A); and

(B) to the term "individuals with disabilities" shall be deemed to mean more than one such individual.

(5) Community rehabilitation program

The term "community rehabilitation program" means a program that provides directly or facilitates the provision of vocational rehabilitation services to individuals with disabilities, and that provides, singly or in combination, for an individual with a disability to enable the individual to maximize opportunities for employment, including career advancement--

(A) medical, psychiatric, psychological, social, and vocational services that are provided under one management;

(B) testing, fitting, or training in the use of prosthetic and orthotic devices;

(C) recreational therapy;

(D) physical and occupational therapy;

(E) speech, language, and hearing therapy;

(F) psychiatric, psychological, and social services, including positive behavior management;

(G) assessment for determining eligibility and vocational rehabilitation needs;

(H) rehabilitation technology;

(I) job development, placement, and retention services;

(J) evaluation or control of specific disabilities;

(K) orientation and mobility services for individuals who are blind;

(L) extended employment;

(M) psychosocial rehabilitation services;

(N) supported employment services and extended services;

(O) services to family members when necessary to the vocational rehabilitation of the individual;

(P) personal assistance services; or

(Q) services similar to the services described in one of subparagraphs (A) through (P).

(6) Construction; cost of construction

(A) Construction

The term "construction" means--

- (i) the construction of new buildings;
- (ii) the acquisition, expansion, remodeling, alteration, and renovation of existing buildings; and
- (iii) initial equipment of buildings described in clauses (i) and (ii).

(B) Cost of construction

The term "cost of construction" includes architects' fees and the cost of acquisition of land in connection with construction but does not include the cost of offsite improvements.

(7) Criminal act

The term "criminal act" means any crime, including an act, omission, or possession under the laws of the United States or a State or unit of general local government, which poses a substantial threat of personal injury, notwithstanding that by reason of age, insanity, or intoxication or otherwise the person engaging in the act, omission, or possession was legally incapable of committing a crime.

(8) Designated state agency; designated state unit

(A) Designated state agency

The term "designated State agency" means an agency designated under section 101(a)(2)(A).

(B) Designated state unit

The term "designated State unit" means--

- (i) any State agency unit required under section 101(a)(2)(B)(ii); or
- (ii) in cases in which no such unit is so required, the State agency described in section 101(a)(2)(B)(i).

(9) Disability

The term "disability" means--

(A) except as otherwise provided in subparagraph (B), a physical or mental impairment that constitutes or results in a substantial impediment to employment; or

(B) for purposes of sections 2, 14, and 15, and titles II, IV, V, and VII, a physical or mental impairment that substantially limits one or more major life activities.

(10) Drug and illegal use of drugs

(A) Drug

The term "drug" means a controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).

(B) Illegal use of drugs

The term "illegal use of drugs" means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

(11) Employment outcome

The term "employment outcome" means, with respect to an individual--

(A) entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market;

(B) satisfying the vocational outcome of supported employment; or

(C) satisfying any other vocational outcome the Secretary may determine to be appropriate (including satisfying the vocational outcome of self-employment, telecommuting, or business ownership), in a manner consistent with this Act.

(12) Establishment of a community rehabilitation program

The term "establishment of a community rehabilitation program" includes the acquisition, expansion, remodeling, or alteration of existing buildings necessary to adapt them to community rehabilitation program purposes or to increase their effectiveness for such purposes (subject, however, to such limitations as the Secretary may determine, in accordance with regulations the Secretary shall prescribe, in order to prevent impairment of the objectives of, or duplication of, other Federal laws providing Federal assistance in the construction of facilities for community

rehabilitation programs), and may include such additional equipment and staffing as the Commissioner considers appropriate.

(13) Extended services

The term "extended services" means ongoing support services and other appropriate services, needed to support and maintain an individual with a most significant disability in supported employment, that--

(A) are provided singly or in combination and are organized and made available in such a way as to assist an eligible individual in maintaining supported employment;

(B) are based on a determination of the needs of an eligible individual, as specified in an individualized plan for employment; and

(C) are provided by a State agency, a nonprofit private organization, employer, or any other appropriate resource, after an individual has made the transition from support provided by the designated State unit.

(14) Federal share

(A) In general

Subject to subparagraph (B), the term "Federal share" means 78.7 percent.

(B) Exception

The term "Federal share" means the share specifically set forth in section 111(a)(3), except that with respect to payments pursuant to part B of title I to any State that are used to meet the costs of construction of those rehabilitation facilities identified in section 103(b)(2) in such State, the Federal share shall be the percentages determined in accordance with the provisions of section 111(a)(3) applicable with respect to the State.

(C) Relationship to expenditures by a political subdivision

For the purpose of determining the non-Federal share with respect to a State, expenditures by a political subdivision thereof or by a local agency shall be regarded as expenditures by such State, subject to such limitations and conditions as the Secretary shall by regulation prescribe.

(15) Governor

The term "Governor" means a chief executive officer of a State.

(16) Impartial hearing officer

(A) In general

The term "impartial hearing officer" means an individual--

(i) who is not an employee of a public agency (other than an administrative law judge, hearing examiner, or employee of an institution of higher education);

(ii) who is not a member of the State Rehabilitation Council described in section 105;

(iii) who has not been involved previously in the vocational rehabilitation of the applicant or client;

(iv) who has knowledge of the delivery of vocational rehabilitation services, the State plan under section 101, and the Federal and State rules governing the provision of such services and training with respect to the performance of official duties; and

(v) who has no personal or financial interest that would be in conflict with the objectivity of the individual.

(B) Construction

An individual shall not be considered to be an employee of a public agency for purposes of subparagraph (A)(i) solely because the individual is paid by the agency to serve as a hearing officer.

(17) Independent living core services

The term "independent living core services" means--

(A) information and referral services;

(B) independent living skills training;

(C) peer counseling (including cross-disability peer counseling); and

(D) individual and systems advocacy.

(18) Independent living services

The term "independent living services" includes--

(A) independent living core services; and

(B)(i) counseling services, including psychological, psychotherapeutic, and related services;

(ii) services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with disabilities);

(iii) rehabilitation technology;

(iv) mobility training;

(v) services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services;

(vi) personal assistance services, including attendant care and the training of personnel providing such services;

(vii) surveys, directories, and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services;

(viii) consumer information programs on rehabilitation and independent living services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act;

(ix) education and training necessary for living in a community and participating in community activities;

(x) supported living;

(xi) transportation, including referral and assistance for such transportation and training in the use of public transportation vehicles and systems;

(xii) physical rehabilitation;

(xiii) therapeutic treatment;

(xiv) provision of needed prostheses and other appliances and devices;

(xv) individual and group social and recreational services;

(xvi) training to develop skills specifically designed for youths who are individuals with disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options;

(xvii) services for children;

(xviii) services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance, of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with disabilities;

(xix) appropriate preventive services to decrease the need of individuals assisted under this Act for similar services in the future;

(xx) community awareness programs to enhance the understanding and integration into society of individuals with disabilities; and

(xxi) such other services as may be necessary and not inconsistent with the provisions of this Act.

(19) Indian; american indian; indian american; indian tribe

(A) In general

The terms "Indian", "American Indian", and "Indian American" mean an individual who is a member of an Indian tribe.

(B) Indian tribe

The term "Indian tribe" means any Federal or State Indian tribe, band, rancheria, pueblo, colony, or community, including any Alaskan native village or regional village corporation (as defined in or established pursuant to the Alaska Native Claims Settlement Act).

(20) Individual with a disability

(A) In general

Except as otherwise provided in subparagraph (B), the term "individual with a disability" means any individual who--

(i) has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and

(ii) can benefit in terms of an employment outcome from vocational rehabilitation services provided pursuant to title I, III, or VI.

(B) Certain programs; limitations on major life activities

Subject to subparagraphs (C), (D), (E), and (F), the term "individual with a disability" means, for purposes of sections 2, 14, and 15, and titles II, IV, V, and VII of this Act, any person who--

(i) has a physical or mental impairment which substantially limits one or more of such person's major life activities;

(ii) has a record of such an impairment; or

(iii) is regarded as having such an impairment.

(C) Rights and advocacy provisions

(i) In general; exclusion of individuals engaging in drug use

For purposes of title V, the term "individual with a disability" does not include an individual who is currently engaging in the illegal use of drugs, when a covered entity acts on the basis of such use.

(ii) Exception for individuals no longer engaging in drug use

Nothing in clause (i) shall be construed to exclude as an individual with a disability an individual who--

(I) has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;

(II) is participating in a supervised rehabilitation program and is no longer engaging in such use; or

(III) is erroneously regarded as engaging in such use, but is not engaging in such use; except that it shall not be a violation of this Act for a covered entity to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described in subclause (I) or (II) is no longer engaging in the illegal use of drugs.

(iii) Exclusion for certain services

Notwithstanding clause (i), for purposes of programs and activities providing health services and services provided under titles I, II, and III, an individual shall not be excluded from the benefits

of such programs or activities on the basis of his or her current illegal use of drugs if he or she is otherwise entitled to such services.

(iv) Disciplinary action

For purposes of programs and activities providing educational services, local educational agencies may take disciplinary action pertaining to the use or possession of illegal drugs or alcohol against any student who is an individual with a disability and who currently is engaging in the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against students who are not individuals with disabilities. Furthermore, the due process procedures at section 104.36 of title 34, Code of Federal Regulations (or any corresponding similar regulation or ruling) shall not apply to such disciplinary actions.

(v) Employment; exclusion of alcoholics

For purposes of sections 503 and 504 as such sections relate to employment, the term "individual with a disability" does not include any individual who is an alcoholic whose current use of alcohol prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

(D) Employment; exclusion of individuals with certain diseases or infections

For the purposes of sections 503 and 504, as such sections relate to employment, such term does not include an individual who has a currently contagious disease or infection and who, by reason of such disease or infection, would constitute a direct threat to the health or safety of other individuals or who, by reason of the currently contagious disease or infection, is unable to perform the duties of the job.

(E) Rights provisions; exclusion of individuals on basis of homosexuality or bisexuality

For the purposes of sections 501, 503, and 504--

(i) for purposes of the application of subparagraph (B) to such sections, the term "impairment" does not include homosexuality or bisexuality; and

(ii) therefore the term "individual with a disability" does not include an individual on the basis of homosexuality or bisexuality.

(F) Rights provisions; exclusion of individuals on basis of certain disorders

For the purposes of sections 501, 503, and 504, the term "individual with a disability" does not include an individual on the basis of--

(i) transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;

(ii) compulsive gambling, kleptomania, or pyromania; or

(iii) psychoactive substance use disorders resulting from current illegal use of drugs.

(G) Individuals with disabilities

The term "individuals with disabilities" means more than one individual with a disability.

(21) Individual with a significant disability

(A) In general

Except as provided in subparagraph (B) or (C), the term "individual with a significant disability" means an individual with a disability--

(i) who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

(ii) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

(iii) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs described in subparagraphs (A) and (B) of paragraph (2) to cause comparable substantial functional limitation.

(B) Independent living services and centers for independent living

For purposes of title VII, the term "individual with a significant disability" means an individual with a severe physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment, respectively.

(C) Research and training

For purposes of title II, the term "individual with a significant disability" includes an individual described in subparagraph (A) or (B).

(D) Individuals with significant disabilities

The term "individuals with significant disabilities" means more than one individual with a significant disability.

(E) Individual with a most significant disability

(i) In general

The term "individual with a most significant disability", used with respect to an individual in a State, means an individual with a significant disability who meets criteria established by the State under section 101(a)(5)(C).

(ii) Individuals with the most significant disabilities

The term "individuals with the most significant disabilities" means more than one individual with a most significant disability.

(22) Individual's representative; applicant's representative

The terms "individual's representative" and "applicant's representative" mean a parent, a family member, a guardian, an advocate, or an authorized representative of an individual or applicant, respectively.

(23) Institution of higher education

The term "institution of higher education" has the meaning given the term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).

(24) Local agency

The term "local agency" means an agency of a unit of general local government or of an Indian tribe (or combination of such units or tribes) which has an agreement with the designated State agency to conduct a vocational-rehabilitation program under the supervision of such State agency in accordance with the State plan approved under section 101. Nothing in the preceding sentence of this paragraph or in section 101 shall be construed to prevent the local agency from arranging to utilize another local public or nonprofit agency to provide vocational rehabilitation services if such an arrangement is made part of the agreement specified in this paragraph.

(25) Local workforce investment board

The term "local workforce investment board" means a local workforce investment board established under section 117 of the Workforce Investment Act of 1998.

(26) Nonprofit

The term "nonprofit", when used with respect to a community rehabilitation program, means a community rehabilitation program carried out by a corporation or association, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual and the income of which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986.

(27) Ongoing support services

The term "ongoing support services" means services--

(A) provided to individuals with the most significant disabilities;

(B) provided, at a minimum, twice monthly--

(i) to make an assessment, regarding the employment situation, at the worksite of each such individual in supported employment, or, under special circumstances, especially at the request of the client, off site; and

(ii) based on the assessment, to provide for the coordination or provision of specific intensive services, at or away from the worksite, that are needed to maintain employment stability; and

(C) consisting of--

(i) a particularized assessment supplementary to the comprehensive assessment described in paragraph (2)(B);

(ii) the provision of skilled job trainers who accompany the individual for intensive job skill training at the worksite;

(iii) job development, job retention, and placement services;

(iv) social skills training;

(v) regular observation or supervision of the individual;

(vi) followup services such as regular contact with the employers, the individuals, the individuals' representatives, and other appropriate individuals, in order to reinforce and stabilize the job placement;

(vii) facilitation of natural supports at the worksite;

(viii) any other service identified in section 103; or

(ix) a service similar to another service described in this subparagraph.

(28) Personal assistance services

The term "personal assistance services" means a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

(29) Public or nonprofit

The term "public or nonprofit", used with respect to an agency or organization, includes an Indian tribe.

(30) Rehabilitation technology

The term "rehabilitation technology" means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

(31) Secretary

The term "Secretary", except when the context otherwise requires, means the Secretary of Education.

(32) State

The term "State" includes, in addition to each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(33) State workforce investment board

The term "State workforce investment board" means a State workforce investment board established under section 111 of the Workforce Investment Act of 1998.

(34) Statewide workforce investment system

The term "statewide workforce investment system" means a system described in section 111(d)(2) of the Workforce Investment Act of 1998.

(35) Supported employment

(A) In general

The term "supported employment" means competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities--

(i)(I) for whom competitive employment has not traditionally occurred; or
(II) for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and

(ii) who, because of the nature and severity of their disability, need intensive supported employment services for the period, and any extension, described in paragraph (36)(C) and extended services after the transition described in paragraph (13)(C) in order to perform such work.

(B) Certain transitional employment

Such term includes transitional employment for persons who are individuals with the most significant disabilities due to mental illness.

(36) Supported employment services

The term "supported employment services" means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment, that--

(A) are provided singly or in combination and are organized and made available in such a way as to assist an eligible individual to achieve competitive employment;

(B) are based on a determination of the needs of an eligible individual, as specified in an individualized plan for employment; and

(C) are provided by the designated State unit for a period of time not to extend beyond 18 months, unless under special circumstances the eligible individual and the rehabilitation counselor or coordinator involved jointly agree to extend the time in order to achieve the rehabilitation objectives identified in the individualized plan for employment.

(37) Transition services

The term "transition services" means a coordinated set of activities for a student, designed within an outcome-oriented process, that promotes movement from school to post school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

(38) Vocational rehabilitation services

The term "vocational rehabilitation services" means those services identified in section 103 which are provided to individuals with disabilities under this Act.

(39) Workforce investment activities

The term "workforce investment activities" means workforce investment activities, as defined in section 101 of the Workforce Investment Act of 1998, that are carried out under that Act.

ALLOTMENT PERCENTAGE

Sec. 8. (a)(1) For purposes of section 110, the allotment percentage for any State shall be 100 per centum less that percentage which bears the same ratio to 50 per centum as the per capita income of such State bears to the per capita income of the United States, except that--

(A) the allotment percentage shall in no case be more than 75 per centum or less than 33 1/3 per centum; and

(B) the allotment percentage for the District of Columbia, Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands shall be 75 per centum.

(2) The allotment percentages shall be promulgated by the Secretary between October 1 and December 31 of each even-numbered year, on the basis of the average of the per capita incomes of the States and of the United States for the three most recent consecutive years for which

satisfactory data are available from the Department of Commerce. Such promulgation shall be conclusive for each of the two fiscal years in the period beginning on the October 1 next succeeding such promulgation.

(3) The term "United States" means (but only for purposes of this subsection) the fifty States and the District of Columbia.

(b) The population of the several States and of the United States shall be determined on the basis of the most recent data available, to be furnished by the Department of Commerce by October 1 of the year preceding the fiscal year for which funds are appropriated pursuant to statutory authorizations.

NON DUPLICATION

Sec. 10. In determining the amount of any State's Federal share of expenditures for planning, administration, and services incurred by it under a State plan approved in accordance with section 101, there shall be disregarded (1) any portion of such expenditures which are financed by Federal funds provided under any other provision of law, and (2) the amount of any non-Federal funds required to be expended as a condition of receipt of such Federal funds. No payment may be made from funds provided under one provision of this Act relating to any cost with respect to which any payment is made under any other provision of this Act, except that this section shall not be construed to limit or reduce fees for services rendered by community rehabilitation programs.

APPLICATION OF OTHER LAWS

Sec. 11. The provisions of the Act of December 5, 1974 (Public Law 93-510) and of title V of the Act of October 15, 1977 (Public Law 95-134) shall not apply to the administration of the provisions of this Act or to the administration of any program or activity under this Act.

ADMINISTRATION OF THE ACT

Sec. 12. (a) In carrying out the purposes of this Act, the Commissioner may--

(1) provide consultative services and technical assistance to public or nonprofit private agencies and organizations, including assistance to enable such agencies and organizations to facilitate meaningful and effective participation by individuals with disabilities in workforce investment activities;

(2) provide short-term training and technical instruction, including training for the personnel of community rehabilitation programs, centers for independent living, and other providers of services (including job coaches);

(3) conduct special projects and demonstrations;

(4) collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this Act; and

(5) provide monitoring and conduct evaluations.

(b)(1) In carrying out the duties under this Act, the Commissioner may utilize the services and facilities of any agency of the Federal Government and of any other public or nonprofit agency or organization, in accordance with agreements between the Commissioner and the head thereof, and may pay therefor, in advance or by way of reimbursement, as may be provided in the agreement.

(2) In carrying out the provisions of this Act, the Commissioner shall appoint such task forces as may be necessary to collect and disseminate information in order to improve the ability of the Commissioner to carry out the provisions of this Act.

(c) The Commissioner may promulgate such regulations as are considered appropriate to carry out the Commissioner's duties under this Act.

(d) The Secretary shall promulgate regulations regarding the requirements for the implementation of an order of selection for vocational rehabilitation services under section 101(a)(5)(A) if such services cannot be provided to all eligible individuals with disabilities who apply for such services.

(e) Not later than 180 days after the date of enactment of the Rehabilitation Act Amendments of 1998, the Secretary shall receive public comment and promulgate regulations to implement the amendments made by the Rehabilitation Act Amendments of 1998.

(f) In promulgating regulations to carry out this Act, the Secretary shall promulgate only regulations that are necessary to administer and ensure compliance with the specific requirements of this Act.

(g) There are authorized to be appropriated to carry out this section such sums as may be necessary.

REPORTS

Sec. 13. (a) Not later than one hundred and eighty days after the close of each fiscal year, the Commissioner shall prepare and submit to the President and to the Congress a full and complete report on the activities carried out under this Act, including the activities and staffing of the information clearinghouse under section 15.

(b) The Commissioner shall collect information to determine whether the purposes of this Act are being met and to assess the performance of programs carried out under this Act. The Commissioner shall take whatever action is necessary to assure that the identity of each individual for which information is supplied under this section is kept confidential, except as otherwise required by law (including regulation).

(c) In preparing the report, the Commissioner shall annually collect and include in the report information based on the information submitted by States in accordance with section 101(a)(10), including information on administrative costs as required by section 101(a)(10)(D). The Commissioner shall, to the maximum extent appropriate, include in the report all information that is required to be submitted in the reports described in section 136(d) of the Workforce Investment Act of 1998 and that pertains to the employment of individuals with disabilities.

EVALUATION

Sec. 14. (a) For the purpose of improving program management and effectiveness, the Secretary, in consultation with the Commissioner, shall evaluate all the programs authorized by this Act, their general effectiveness in relation to their cost, their impact on related programs, and their structure and mechanisms for delivery of services, using appropriate methodology and evaluative research designs. The Secretary shall establish and use standards for the evaluations required by this subsection. Such an evaluation shall be conducted by a person not immediately involved in the administration of the program evaluated.

(b) In carrying out evaluations under this section, the Secretary shall obtain the opinions of program and project participants about the strengths and weaknesses of the programs and projects.

(c) The Secretary shall take the necessary action to assure that all studies, evaluations, proposals, and data produced or developed with Federal funds under this Act shall become the property of the United States.

(d) Such information as the Secretary may determine to be necessary for purposes of the evaluations conducted under this section shall be made available upon request of the Secretary, by the departments and agencies of the executive branch.

(e)(1) To assess the linkages between vocational rehabilitation services and economic and noneconomic outcomes, the Secretary shall continue to conduct a longitudinal study of a national sample of applicants for the services.

(2) The study shall address factors related to attrition and completion of the program through which the services are provided and factors within and outside the program affecting results. Appropriate comparisons shall be used to contrast the experiences of similar persons who do not obtain the services.

(3) The study shall be planned to cover the period beginning on the application of individuals with disabilities for the services, through the eligibility determination and provision of services for the individuals, and a further period of not less than 2 years after the termination of services.

(f)(1) The Commissioner shall identify and disseminate information on exemplary practices concerning vocational rehabilitation.

(2) To facilitate compliance with paragraph (1), the Commissioner shall conduct studies and analyses that identify exemplary practices concerning vocational rehabilitation, including studies in areas relating to providing informed choice in the rehabilitation process, promoting consumer satisfaction, promoting job placement and retention, providing supported employment, providing services to particular disability populations, financing personal assistance services, providing assistive technology devices and assistive technology services, entering into cooperative agreements, establishing standards and certification for community rehabilitation programs, converting from nonintegrated to integrated employment, and providing caseload management.

(g) There are authorized to be appropriated to carry out this section such sums as may be necessary.

INFORMATION CLEARINGHOUSE

Sec. 15. (a) The Secretary shall establish a central clearinghouse for information and resource availability for individuals with disabilities which shall provide information and data regarding--

(1) the location, provision, and availability of services and programs for individuals with disabilities, including such information and data provided by State workforce investment boards regarding such services and programs authorized under title I of such Act;

(2) research and recent medical and scientific developments bearing on disabilities (and their prevention, amelioration, causes, and cures); and

(3) the current numbers of individuals with disabilities and their needs. The clearinghouse shall also provide any other relevant information and data which the Secretary considers appropriate.

(b) The Commissioner may assist the Secretary to develop within the Department of Education a coordinated system of information and data retrieval, which will have the capacity and responsibility to provide information regarding the information and data referred to in subsection (a) of this section to the Congress, public and private agencies and organizations, individuals with disabilities and their families, professionals in fields serving such individuals, and the general public.

(c) The office established to carry out the provisions of this section shall be known as the "Office of Information and Resources for Individuals with Disabilities".

(d) There are authorized to be appropriated to carry out this section such sums as may be necessary.

TRANSFER OF FUNDS

Sec. 16. (a) Except as provided in subsection (b) of this section, no funds appropriated under this Act for any program or activity may be used for any purpose other than that for which the funds were specifically authorized.

(b) No more than 1 percent of funds appropriated for discretionary grants, contracts, or cooperative agreements authorized by this Act may be used for the purpose of providing non-Federal panels of experts to review applications for such grants, contracts, or cooperative agreements.

STATE ADMINISTRATION

Sec. 17. The application of any State rule or policy relating to the administration or operation of programs funded by this Act (including any rule or policy based on State interpretation of any Federal law, regulation, or guideline) shall be identified as a State imposed requirement.

REVIEW OF APPLICATIONS

Sec. 18. Applications for grants in excess of \$100,000 in the aggregate authorized to be funded under this Act, other than grants primarily for the purpose of conducting dissemination or conferences, shall be reviewed by panels of experts which shall include a majority of non-Federal members. Non-Federal members may be provided travel, per diem, and consultant fees not to exceed the daily equivalent of the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of title 5, United States Code.

CARRYOVER

Sec. 19. (a) In General

Except as provided in subsection (b), and notwithstanding any other provision of law --

(1) any funds appropriated for a fiscal year to carry out any grant program under part B of title I, section 509 (except as provided in section 509(b)), part B of title VI, part B or C of chapter 1 of title VII, or chapter 2 of title VII (except as provided in section 752(b)), including any funds reallocated under any such grant program, that are not obligated and expended by recipients prior to the beginning of the succeeding fiscal year; or

(2) any amounts of program income, including reimbursement payments under the Social Security Act (42 U.S.C. 301 et seq.), received by recipients under any grant program specified in

paragraph (1) that are not obligated and expended by recipients prior to the beginning of the fiscal year succeeding the fiscal year in which such amounts were received, shall remain available for obligation and expenditure by such recipients during such succeeding fiscal year.

(b) Non-Federal Share

Such funds shall remain available for obligation and expenditure by a recipient as provided in subsection (a) only to the extent that the recipient complied with any Federal share requirements applicable to the program for the fiscal year for which the funds were appropriated.

CLIENT ASSISTANCE INFORMATION

Sec. 20. All programs, including community rehabilitation programs, and projects, that provide services to individuals with disabilities under this Act shall advise such individuals who are applicants for or recipients of the services, or the applicants' representatives or individuals' representatives, of the availability and purposes of the client assistance program under section 112, including information on means of seeking assistance under such program.

TRADITIONALLY UNDERSERVED POPULATIONS

Sec. 21. (a) Findings

With respect to the programs authorized in titles II through VII, the Congress finds as follows:

(1) Racial profile

The racial profile of America is rapidly changing. While the rate of increase for white Americans is 3.2 percent, the rate of increase for racial and ethnic minorities is much higher: 38.6 percent for Latinos, 14.6 percent for African-Americans, and 40.1 percent for Asian-Americans and other ethnic groups. By the year 2000, the Nation will have 260,000,000 people, one of every three of whom will be either African-American, Latino, or Asian-American.

(2) Rate of disability

Ethnic and racial minorities tend to have disabling conditions at a disproportionately high rate. The rate of work-related disability for American Indians is about one and one-half times that of the general population. African-Americans are also one and one-half times more likely to be disabled than whites and twice as likely to be significantly disabled.

(3) Inequitable treatment

Patterns of inequitable treatment of minorities have been documented in all major junctures of the vocational rehabilitation process. As compared to white Americans, a larger percentage of

(D) Families and other natural supports can play important roles in the success of a vocational rehabilitation program, if the individual with a disability involved requests, desires, or needs such supports.

(E) Vocational rehabilitation counselors that are trained and prepared in accordance with State policies and procedures as described in section 101(a)(7)(B) (referred to individually in this title as a 'qualified vocational rehabilitation counselor'), other qualified rehabilitation personnel, and other qualified personnel facilitate the accomplishment of the employment outcomes and objectives of an individual.

(F) Individuals with disabilities and the individuals' representatives are full partners in a vocational rehabilitation program and must be involved on a regular basis and in a meaningful manner with respect to policy development and implementation.

(G) Accountability measures must facilitate the accomplishment of the goals and objectives of the program, including providing vocational rehabilitation services to, among others, individuals with the most significant disabilities.

(b) Authorization of Appropriations

(1) In general

For the purpose of making grants to States under part B to assist States in meeting the costs of vocational rehabilitation services provided in accordance with State plans under section 101, there are authorized to be appropriated such sums as may be necessary for fiscal years 1999 through 2003, except that the amount to be appropriated for a fiscal year shall not be less than the amount of the appropriation under this paragraph for the immediately preceding fiscal year, increased by the percentage change in the Consumer Price Index determined under subsection (c) for the immediately preceding fiscal year.

(2) Reference

The reference in paragraph (1) to grants to States under part B shall not be considered to refer to grants under section 112.

(c) Consumer Price Index

(1) Percentage change

No later than November 15 of each fiscal year (beginning with fiscal year 1979), the Secretary of Labor shall publish in the Federal Register the percentage change in the Consumer Price Index published for October of the preceding fiscal year and October of the fiscal year in which such publication is made.

(2) Application

(A) Increase

If in any fiscal year the percentage change published under paragraph (1) indicates an increase in the Consumer Price Index, then the amount to be appropriated under subsection (b)(1) for the subsequent fiscal year shall be at least the amount appropriated under subsection (b)(1) for the fiscal year in which the publication is made under paragraph (1) increased by such percentage change.

(B) No increase or decrease

If in any fiscal year the percentage change published under paragraph (1) does not indicate an increase in the Consumer Price Index, then the amount to be appropriated under subsection (b)(1) for the subsequent fiscal year shall be at least the amount appropriated under subsection (b)(1) for the fiscal year in which the publication is made under paragraph (1).

(3) Definition

For purposes of this section, the term 'Consumer Price Index' means the Consumer Price Index for All Urban Consumers, published monthly by the Bureau of Labor Statistics.

(d) Extension

(1) In general

(A) Authorization or duration of program

Unless the Congress in the regular session which ends prior to the beginning of the terminal fiscal year--

(i) of the authorization of appropriations for the program authorized by the State grant program under part B of this title; or

(ii) of the duration of the program authorized by the State grant program under part B of this title;

has passed legislation which would have the effect of extending the authorization or duration (as the case may be) of such program, such authorization or duration is automatically extended for 1 additional year for the program authorized by this title.

(B) Calculation

The amount authorized to be appropriated for the additional fiscal year described in subparagraph (A) shall be an amount equal to the amount appropriated for such program for fiscal year 2003, increased by the percentage change in the Consumer Price Index determined under subsection (c) for the immediately preceding fiscal year, if the percentage change indicates an increase.

(2) Construction

(A) Passage of legislation

For the purposes of paragraph (1)(A), Congress shall not be deemed to have passed legislation unless such legislation becomes law.

(B) Acts or determinations of commissioner

In any case where the Commissioner is required under an applicable statute to carry out certain acts or make certain determinations which are necessary for the continuation of the program authorized by this title, if such acts or determinations are required during the terminal year of such program, such acts and determinations shall be required during any fiscal year in which the extension described in that part of paragraph (1) that follows clause (ii) of paragraph (1)(A) is in effect.

Sec. 101. State Plans

(a) Plan Requirements

(1) In general

(A) Submission

To be eligible to participate in programs under this title, a State shall submit to the Commissioner a State plan for vocational rehabilitation services that meets the requirements of this section, on the same date that the State submits a State plan under section 112 of the Workforce Investment Act of 1998.

(B) Nonduplication

The State shall not be required to submit, in the State plan for vocational rehabilitation services, policies, procedures, or descriptions required under this title that have been previously submitted to the Commissioner and that demonstrate that such State meets the requirements of this title, including any policies, procedures, or descriptions submitted under this title as in effect on the day before the effective date of the Rehabilitation Act Amendments of 1998.

(C) Duration

The State plan shall remain in effect subject to the submission of such modifications as the State determines to be necessary or as the Commissioner may require based on a change in State policy, a change in Federal law (including regulations), an interpretation of this Act by a Federal court or the highest court of the State, or a finding by the Commissioner of State noncompliance with the requirements of this Act, until the State submits and receives approval of a new State plan.

(2) Designated state agency; designated state unit

(A) Designated state agency

The State plan shall designate a State agency as the sole State agency to administer the plan, or to supervise the administration of the plan by a local agency, except that--

(i) where, under State law, the State agency for individuals who are blind or another agency that provides assistance or services to adults who are blind is authorized to provide vocational rehabilitation services to individuals who are blind, that agency may be designated as the sole State agency to administer the part of the plan under which vocational rehabilitation services are provided for individuals who are blind (or to supervise the administration of such part by a local agency) and a separate State agency may be designated as the sole State agency to administer or supervise the administration of the rest of the State plan;

(ii) the Commissioner, on the request of a State, may authorize the designated State agency to share funding and administrative responsibility with another agency of the State or with a local agency in order to permit the agencies to carry out a joint program to provide services to individuals with disabilities, and may waive compliance, with respect to vocational rehabilitation services furnished under the joint program, with the requirement of paragraph (4) that the plan be in effect in all political subdivisions of the State; and

(iii) in the case of American Samoa, the appropriate State agency shall be the Governor of American Samoa.

(B) Designated state unit

The State agency designated under subparagraph (A) shall be--

(i) a State agency primarily concerned with vocational rehabilitation, or vocational and other rehabilitation, of individuals with disabilities; or

(ii) if not such an agency, the State agency (or each State agency if 2 are so designated) shall include a vocational rehabilitation bureau, division, or other organizational unit that--

(I) is primarily concerned with vocational rehabilitation, or vocational and other rehabilitation, of individuals with disabilities, and is responsible for the vocational rehabilitation program of the designated State agency;

(II) has a full-time director;

(III) has a staff employed on the rehabilitation work of the organizational unit all or substantially all of whom are employed full time on such work; and

(IV) is located at an organizational level and has an organizational status within the designated State agency comparable to that of other major organizational units of the designated State agency.

(C) Responsibility for services for the blind

If the State has designated only 1 State agency pursuant to subparagraph (A), the State may assign responsibility for the part of the plan under which vocational rehabilitation services are provided for individuals who are blind to an organizational unit of the designated State agency and assign responsibility for the rest of the plan to another organizational unit of the designated State agency, with the provisions of subparagraph (B) applying separately to each of the designated State units.

(3) Non-federal share

The State plan shall provide for financial participation by the State, or if the State so elects, by the State and local agencies, to provide the amount of the non-Federal share of the cost of carrying out part B.

(4) Statewideness

The State plan shall provide that the plan shall be in effect in all political subdivisions of the State, except that--

(A) in the case of any activity that, in the judgment of the Commissioner, is likely to assist in promoting the vocational rehabilitation of substantially larger numbers of individuals with disabilities or groups of individuals with disabilities, the Commissioner may waive compliance with the requirement that the plan be in effect in all political subdivisions of the State to the extent and for such period as may be provided in accordance with regulations prescribed by the Commissioner, but only if the non-Federal share of the cost of the vocational rehabilitation services involved is met from funds made available by a local agency (including funds contributed to such agency by a private agency, organization, or individual); and

(B) in a case in which earmarked funds are used toward the non-Federal share and such funds are earmarked for particular geographic areas within the State, the earmarked funds may be used in such areas if the State notifies the Commissioner that the State cannot provide the full non-Federal share without such funds.

(5) Order of selection for vocational rehabilitation services

In the event that vocational rehabilitation services cannot be provided to all eligible individuals with disabilities in the State who apply for the services, the State plan shall--

(A) show the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services;

(B) provide the justification for the order of selection;

(C) include an assurance that, in accordance with criteria established by the State for the order of selection, individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services; and

(D) provide that eligible individuals, who do not meet the order of selection criteria, shall have access to services provided through the information and referral system implemented under paragraph (20).

(6) Methods for administration

(A) In general

The State plan shall provide for such methods of administration as are found by the Commissioner to be necessary for the proper and efficient administration of the plan.

(B) Employment of individuals with disabilities

The State plan shall provide that the designated State agency, and entities carrying out community rehabilitation programs in the State, who are in receipt of assistance under this title shall take affirmative action to employ and advance in employment qualified individuals with disabilities covered under, and on the same terms and conditions as set forth in, section 503.

(C) Facilities

The State plan shall provide that facilities used in connection with the delivery of services assisted under the State plan shall comply with the Act entitled "An Act to insure that certain buildings financed with Federal funds are so designed and constructed as to be accessible to the physically handicapped", approved on August 12, 1968 (commonly known as the "Architectural Barriers Act of 1968"); with section 504; and with the Americans with Disabilities Act of 1990.

(7) Comprehensive system of personnel development

The State plan shall--

(A) include a description (consistent with the purposes of this Act) of a comprehensive system of personnel development, which shall include--

(i) a description of the procedures and activities the designated State agency will undertake to ensure an adequate supply of qualified State rehabilitation professionals and paraprofessionals for the designated State unit, including the development and maintenance of a system for determining, on an annual basis--

(I) the number and type of personnel that are employed by the designated State unit in the provision of vocational rehabilitation services, including ratios of qualified vocational rehabilitation counselors to clients; and

(II) the number and type of personnel needed by the State, and a projection of the numbers of such personnel that will be needed in 5 years, based on projections of the number of individuals to be served, the number of such personnel who are expected to retire or leave the vocational rehabilitation field, and other relevant factors;

(ii) where appropriate, a description of the manner in which activities will be undertaken under this section to coordinate the system of personnel development with personnel development activities under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.);

(iii) a description of the development and maintenance of a system of determining, on an annual basis, information on the programs of institutions of higher education within the State that are preparing rehabilitation professionals, including--

(I) the numbers of students enrolled in such programs; and

(II) the number of such students who graduated with certification or licensure, or with credentials to qualify for certification or licensure, as a rehabilitation professional during the past year;

(iv) a description of the development, updating, and implementation of a plan that--

(I) will address the current and projected vocational rehabilitation services personnel training needs for the designated State unit; and

(II) provides for the coordination and facilitation of efforts between the designated State unit, institutions of higher education, and professional associations to recruit, prepare, and retain qualified personnel, including personnel from minority backgrounds, and personnel who are individuals with disabilities; and

(v) a description of the procedures and activities the designated State agency will undertake to ensure that all personnel employed by the designated State unit are appropriately and adequately trained and prepared, including--

(I) a system for the continuing education of rehabilitation professionals and paraprofessionals within the designated State unit, particularly with respect to rehabilitation technology; and
(II) procedures for acquiring and disseminating to rehabilitation professionals and paraprofessionals within the designated State unit significant knowledge from research and other sources, including procedures for providing training regarding the amendments to this Act made by the Rehabilitation Act Amendments of 1998;

(B) set forth policies and procedures relating to the establishment and maintenance of standards to ensure that personnel, including rehabilitation professionals and paraprofessionals, needed within the designated State unit to carry out this part are appropriately and adequately prepared and trained, including--

(i) the establishment and maintenance of standards that are consistent with any national or State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing vocational rehabilitation services; and

(ii) to the extent that such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the steps the State is taking to require the retraining or hiring of personnel within the designated State unit that meet appropriate professional requirements in the State; and

(C) contain provisions relating to the establishment and maintenance of minimum standards to ensure the availability of personnel within the designated State unit, to the maximum extent feasible, trained to communicate in the native language or mode of communication of an applicant or eligible individual.

(8) Comparable services and benefits

(A) Determination of availability

(i) In general

The State plan shall include an assurance that, prior to providing any vocational rehabilitation service to an eligible individual, except those services specified in paragraph (5)(D) and in paragraphs (1) through (4) and (14) of section 103(a), the designated State unit will determine whether comparable services and benefits are available under any other program (other than a program carried out under this title) unless such a determination would interrupt or delay--

(I) the progress of the individual toward achieving the employment outcome identified in the individualized plan for employment of the individual in accordance with section 102(b);

(II) an immediate job placement; or

(III) the provision of such service to any individual at extreme medical risk.

(ii) Awards and scholarships

For purposes of clause (i), comparable benefits do not include awards and scholarships based on merit.

(B) Interagency agreement

The State plan shall include an assurance that the Governor of the State, in consultation with the entity in the State responsible for the vocational rehabilitation program and other appropriate agencies, will ensure that an interagency agreement or other mechanism for interagency coordination takes effect between any appropriate public entity, including the State entity responsible for administering the State medicaid program, a public institution of higher education, and a component of the statewide workforce investment system, and the designated State unit, in order to ensure the provision of vocational rehabilitation services described in subparagraph (A) (other than those services specified in paragraph (5)(D), and in paragraphs (1) through (4) and (14) of section 103(a)), that are included in the individualized plan for employment of an eligible individual, including the provision of such vocational rehabilitation services during the pendency of any dispute described in clause (iii). Such agreement or mechanism shall include the following:

(i) Agency financial responsibility

An identification of, or a description of a method for defining, the financial responsibility of such public entity for providing such services, and a provision stating the financial responsibility of such public entity for providing such services.

(ii) Conditions, terms, and procedures of reimbursement

Information specifying the conditions, terms, and procedures under which a designated State unit shall be reimbursed by other public entities for providing such services, based on the provisions of such agreement or mechanism.

(iii) Interagency disputes

Information specifying procedures for resolving interagency disputes under the agreement or other mechanism (including procedures under which the designated State unit may initiate proceedings to secure reimbursement from other public entities or otherwise implement the provisions of the agreement or mechanism).

(iv) Coordination of services procedures

Information specifying policies and procedures for public entities to determine and identify the interagency coordination responsibilities of each public entity to promote the coordination and

timely delivery of vocational rehabilitation services (except those services specified in paragraph (5)(D) and in paragraphs (1) through (4) and (14) of section 103(a)).

(C) Responsibilities of other public entities

(i) Responsibilities under other law

Notwithstanding subparagraph (B), if any public entity other than a designated State unit is obligated under Federal or State law, or assigned responsibility under State policy or under this paragraph, to provide or pay for any services that are also considered to be vocational rehabilitation services (other than those specified in paragraph (5)(D) and in paragraphs (1) through (4) and (14) of section 103(a)), such public entity shall fulfill that obligation or responsibility, either directly or by contract or other arrangement.

(ii) Reimbursement

If a public entity other than the designated State unit fails to provide or pay for the services described in clause (i) for an eligible individual, the designated State unit shall provide or pay for such services to the individual. Such designated State unit may claim reimbursement for the services from the public entity that failed to provide or pay for such services. Such public entity shall reimburse the designated State unit pursuant to the terms of the interagency agreement or other mechanism described in this paragraph according to the procedures established in such agreement or mechanism pursuant to subparagraph (B)(ii).

(D) Methods

The Governor of a State may meet the requirements of subparagraph (B) through--

(i) a State statute or regulation;

(ii) a signed agreement between the respective officials of the public entities that clearly identifies the responsibilities of each public entity relating to the provision of services; or

(iii) another appropriate method, as determined by the designated State unit.

(9) Individualized plan for employment

(A) Development and implementation

The State plan shall include an assurance that an individualized plan for employment meeting the requirements of section 102(b) will be developed and implemented in a timely manner for an individual subsequent to the determination of the eligibility of the individual for services under this title, except that in a State operating under an order of selection described in paragraph (5),

the plan will be developed and implemented only for individuals meeting the order of selection criteria of the State.

(B) Provision of services

The State plan shall include an assurance that such services will be provided in accordance with the provisions of the individualized plan for employment.

(10) Reporting requirements

(A) In general

The State plan shall include an assurance that the designated State agency will submit reports in the form and level of detail and at the time required by the Commissioner regarding applicants for, and eligible individuals receiving, services under this title.

(B) Annual reporting

In specifying the information to be submitted in the reports, the Commissioner shall require annual reporting on the eligible individuals receiving the services, on those specific data elements described in section 136(d)(2) of the Workforce Investment Act of 1998 that are determined by the Secretary to be relevant in assessing the performance of designated State units in carrying out the vocational rehabilitation program established under this title.

(C) Additional data

In specifying the information required to be submitted in the reports, the Commissioner shall require additional data with regard to applicants and eligible individuals related to--

(i) the number of applicants and the number of individuals determined to be eligible or ineligible for the program carried out under this title, including--

(I) the number of individuals determined to be ineligible because they did not require vocational rehabilitation services, as provided in section 102(a); and

(II) the number of individuals determined, on the basis of clear and convincing evidence, to be too severely disabled to benefit in terms of an employment outcome from vocational rehabilitation services;

(ii) the number of individuals who received vocational rehabilitation services through the program, including--

(I) the number who received services under paragraph (5)(D), but not assistance under an individualized plan for employment;

(II) of those recipients who are individuals with significant disabilities, the number who received assistance under an individualized plan for employment consistent with section 102(b); and

(III) of those recipients who are not individuals with significant disabilities, the number who received assistance under an individualized plan for employment consistent with section 102(b);

(iii) of those applicants and eligible recipients who are individuals with significant disabilities--

(I) the number who ended their participation in the program carried out under this title and the number who achieved employment outcomes after receiving vocational rehabilitation services; and

(II) the number who ended their participation in the program and who were employed 6 months and 12 months after securing or regaining employment, or, in the case of individuals whose employment outcome was to retain or advance in employment, who were employed 6 months and 12 months after achieving their employment outcome, including--

(aa) the number who earned the minimum wage rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)) or another wage level set by the Commissioner, during such employment; and

(bb) the number who received employment benefits from an employer during such employment; and

(iv) of those applicants and eligible recipients who are not individuals with significant disabilities--

(I) the number who ended their participation in the program carried out under this title and the number who achieved employment outcomes after receiving vocational rehabilitation services; and

(II) the number who ended their participation in the program and who were employed 6 months and 12 months after securing or regaining employment, or, in the case of individuals whose employment outcome was to retain or advance in employment, who were employed 6 months and 12 months after achieving their employment outcome, including--

(aa) the number who earned the minimum wage rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)) or another wage level set by the Commissioner, during such employment; and

(bb) the number who received employment benefits from an employer during such employment.

(D) Costs and results

The Commissioner shall also require that the designated State agency include in the reports information on--

(i) the costs under this title of conducting administration, providing assessment services, counseling and guidance, and other direct services provided by designated State agency staff,

providing services purchased under individualized plans for employment, supporting small business enterprises, establishing, developing, and improving community rehabilitation programs, providing other services to groups, and facilitating use of other programs under this Act and title I of the Workforce Investment Act of 1998 by eligible individuals; and

(ii) the results of annual evaluation by the State of program effectiveness under paragraph (15)(E).

(E) Additional information

The Commissioner shall require that each designated State unit include in the reports additional information related to the applicants and eligible individuals, obtained either through a complete count or sampling, including--

(i) information on--

(I) age, gender, race, ethnicity, education, category of impairment, severity of disability, and whether the individuals are students with disabilities;

(II) dates of application, determination of eligibility or ineligibility, initiation of the individualized plan for employment, and termination of participation in the program;

(III) earnings at the time of application for the program and termination of participation in the program;

(IV) work status and occupation;

(V) types of services, including assistive technology services and assistive technology devices, provided under the program;

(VI) types of public or private programs or agencies that furnished services under the program; and

(VII) the reasons for individuals terminating participation in the program without achieving an employment outcome; and

(ii) information necessary to determine the success of the State in meeting--

(I) the State performance measures established under section 136(b) of the Workforce Investment Act of 1998, to the extent the measures are applicable to individuals with disabilities; and

(II) the standards and indicators established pursuant to section 106.

(F) Completeness and confidentiality

The State plan shall include an assurance that the information submitted in the reports will include a complete count, except as provided in subparagraph (E), of the applicants and eligible individuals, in a manner permitting the greatest possible cross-classification of data and that the identity of each individual for which information is supplied under this paragraph will be kept confidential.

(11) Cooperation, collaboration, and coordination

(A) Cooperative agreements with other components of statewide workforce investment systems

The State plan shall provide that the designated State unit or designated State agency shall enter into a cooperative agreement with other entities that are components of the statewide workforce investment system of the State, regarding the system, which agreement may provide for--

(i) provision of intercomponent staff training and technical assistance with regard to--

(I) the availability and benefits of, and information on eligibility standards for, vocational rehabilitation services; and

(II) the promotion of equal, effective, and meaningful participation by individuals with disabilities in workforce investment activities in the State through the promotion of program accessibility, the use of nondiscriminatory policies and procedures, and the provision of reasonable accommodations, auxiliary aids and services, and rehabilitation technology, for individuals with disabilities;

(ii) use of information and financial management systems that link all components of the statewide workforce investment system, that link the components to other electronic networks, including nonvisual electronic networks, and that relate to such subjects as employment statistics, and information on job vacancies, career planning, and workforce investment activities;

(iii) use of customer service features such as common intake and referral procedures, customer databases, resource information, and human services hotlines;

(iv) establishment of cooperative efforts with employers to--

(I) facilitate job placement; and

(II) carry out any other activities that the designated State unit and the employers determine to be appropriate;

(v) identification of staff roles, responsibilities, and available resources, and specification of the financial responsibility of each component of the statewide workforce investment system with regard to paying for necessary services (consistent with State law and Federal requirements); and

(vi) specification of procedures for resolving disputes among such components.

(B) Replication of cooperative agreements

The State plan shall provide for the replication of such cooperative agreements at the local level between individual offices of the designated State unit and local entities carrying out activities through the statewide workforce investment system.

(C) Interagency cooperation with other agencies

The State plan shall include descriptions of interagency cooperation with, and utilization of the services and facilities of, Federal, State, and local agencies and programs, including programs carried out by the Under Secretary for Rural Development of the Department of Agriculture and State use contracting programs, to the extent that such agencies and programs are not carrying out activities through the statewide workforce investment system.

(D) Coordination with education officials

The State plan shall contain plans, policies, and procedures for coordination between the designated State agency and education officials responsible for the public education of students with disabilities, that are designed to facilitate the transition of the students with disabilities from the receipt of educational services in school to the receipt of vocational rehabilitation services under this title, including information on a formal interagency agreement with the State educational agency that, at a minimum, provides for--

(i) consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including vocational rehabilitation services;

(ii) transition planning by personnel of the designated State agency and educational agency personnel for students with disabilities that facilitates the development and completion of their individualized education programs under section 614(d) of the Individuals with Disabilities Education Act (as added by section 101 of Public Law 105-17);

(iii) the roles and responsibilities, including financial responsibilities, of each agency, including provisions for determining State lead agencies and qualified personnel responsible for transition services; and

(iv) procedures for outreach to and identification of students with disabilities who need the transition services.

(E) Coordination with statewide independent living councils and independent living centers

The State plan shall include an assurance that the designated State unit, the Statewide Independent Living Council established under section 705, and the independent living centers

described in part C of title VII within the State have developed working relationships and coordinate their activities.

(F) Cooperative agreement with recipients of grants for services to american indians

In applicable cases, the State plan shall include an assurance that the State has entered into a formal cooperative agreement with each grant recipient in the State that receives funds under part C. The agreement shall describe strategies for collaboration and coordination in providing vocational rehabilitation services to American Indians who are individuals with disabilities, including--

(i) strategies for interagency referral and information sharing that will assist in eligibility determinations and the development of individualized plans for employment;

(ii) procedures for ensuring that American Indians who are individuals with disabilities and are living near a reservation or tribal service area are provided vocational rehabilitation services; and

(iii) provisions for sharing resources in cooperative studies and assessments, joint training activities, and other collaborative activities designed to improve the provision of services to American Indians who are individuals with disabilities.

(12) Residency

The State plan shall include an assurance that the State will not impose a residence requirement that excludes from services provided under the plan any individual who is present in the State.

(13) Services to American Indians

The State plan shall include an assurance that, except as otherwise provided in part C, the designated State agency will provide vocational rehabilitation services to American Indians who are individuals with disabilities residing in the State to the same extent as the designated State agency provides such services to other significant populations of individuals with disabilities residing in the State.

(14) Annual review of individuals in extended employment or other employment under special certificate provisions of the fair labor standards act of 1938

The State plan shall provide for--

(A) an annual review and reevaluation of the status of each individual with a disability served under this title who has achieved an employment outcome either in an extended employment setting in a community rehabilitation program or any other employment under section 14(c) of the Fair Labor Standards Act (29 U.S.C. 214(c)) for 2 years after the achievement of the outcome

(and thereafter if requested by the individual or, if appropriate, the individual's representative). to determine the interests, priorities, and needs of the individual with respect to competitive employment or training for competitive employment;

(B) input into the review and reevaluation, and a signed acknowledgment that such review and reevaluation have been conducted, by the individual with a disability, or, if appropriate, the individual's representative; and

(C) maximum efforts, including the identification and provision of vocational rehabilitation services, reasonable accommodations, and other necessary support services, to assist the individuals described in subparagraph (A) in engaging in competitive employment.

(15) Annual state goals and reports of progress

(A) Assessments and estimates

The State plan shall--

(i) include the results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council (if the State has such a Council) every 3 years, describing the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of--

(I) individuals with the most significant disabilities, including their need for supported employment services;

(II) individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this title; and

(III) individuals with disabilities served through other components of the statewide workforce investment system (other than the vocational rehabilitation program), as identified by such individuals and personnel assisting such individuals through the components;

(ii) include an assessment of the need to establish, develop, or improve community rehabilitation programs within the State; and

(iii) provide that the State shall submit to the Commissioner a report containing information regarding updates to the assessments, for any year in which the State updates the assessments.

(B) Annual estimates

The State plan shall include, and shall provide that the State shall annually submit a report to the Commissioner that includes, State estimates of--

(i) the number of individuals in the State who are eligible for services under this title;

(ii) the number of such individuals who will receive services provided with funds provided under part B and under part B of title VI, including, if the designated State agency uses an order of selection in accordance with paragraph (5), estimates of the number of individuals to be served under each priority category within the order; and

(iii) the costs of the services described in clause (i), including, if the designated State agency uses an order of selection in accordance with paragraph (5), the service costs for each priority category within the order.

(C) Goals and priorities

(i) In general

The State plan shall identify the goals and priorities of the State in carrying out the program. The goals and priorities shall be jointly developed, agreed to, and reviewed annually by the designated State unit and the State Rehabilitation Council, if the State has such a Council. Any revisions to the goals and priorities shall be jointly agreed to by the designated State unit and the State Rehabilitation Council, if the State has such a Council. The State plan shall provide that the State shall submit to the Commissioner a report containing information regarding revisions in the goals and priorities, for any year in which the State revises the goals and priorities.

(ii) Basis

The State goals and priorities shall be based on an analysis of--

(I) the comprehensive assessment described in subparagraph (A), including any updates to the assessment;

(II) the performance of the State on the standards and indicators established under section 106; and

(III) other available information on the operation and the effectiveness of the vocational rehabilitation program carried out in the State, including any reports received from the State Rehabilitation Council, under section 105(c) and the findings and recommendations from monitoring activities conducted under section 107.

(iii) Service and outcome goals for categories in order of selection

If the designated State agency uses an order of selection in accordance with paragraph (5), the State shall also identify in the State plan service and outcome goals and the time within which these goals may be achieved for individuals in each priority category within the order.

(D) Strategies

The State plan shall contain a description of the strategies the State will use to address the needs identified in the assessment conducted under subparagraph (A) and achieve the goals and priorities identified in subparagraph (C), including--

(i) the methods to be used to expand and improve services to individuals with disabilities, including how a broad range of assistive technology services and assistive technology devices will be provided to such individuals at each stage of the rehabilitation process and how such services and devices will be provided to such individuals on a statewide basis;

(ii) outreach procedures to identify and serve individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program;

(iii) where necessary, the plan of the State for establishing, developing, or improving community rehabilitation programs;

(iv) strategies to improve the performance of the State with respect to the evaluation standards and performance indicators established pursuant to section 106; and

(v) strategies for assisting entities carrying out other components of the statewide workforce investment system (other than the vocational rehabilitation program) in assisting individuals with disabilities.

(E) Evaluation and reports of progress

The State plan shall--

(i) include the results of an evaluation of the effectiveness of the vocational rehabilitation program, and a joint report by the designated State unit and the State Rehabilitation Council, if the State has such a Council, to the Commissioner on the progress made in improving the effectiveness from the previous year, which evaluation and report shall include--

(I) an evaluation of the extent to which the goals identified in subparagraph (C) were achieved;

(II) a description of strategies that contributed to achieving the goals;

(III) to the extent to which the goals were not achieved, a description of the factors that impeded that achievement; and

(IV) an assessment of the performance of the State on the standards and indicators established pursuant to section 106; and

(ii) provide that the designated State unit and the State Rehabilitation Council, if the State has such a Council, shall jointly submit to the Commissioner an annual report that contains the information described in clause (I).

(16) Public comment

The State plan shall--

(A) provide that the designated State agency, prior to the adoption of any policies or procedures governing the provision of vocational rehabilitation services under the State plan (including making any amendment to such policies and procedures), shall conduct public meetings throughout the State, after providing adequate notice of the meetings, to provide the public, including individuals with disabilities, an opportunity to comment on the policies or procedures, and actively consult with the Director of the client assistance program carried out under section 112, and, as appropriate, Indian tribes, tribal organizations, and Native Hawaiian organizations on the policies or procedures; and

(B) provide that the designated State agency (or each designated State agency if 2 agencies are designated) and any sole agency administering the plan in a political subdivision of the State, shall take into account, in connection with matters of general policy arising in the administration of the plan, the views of--

(i) individuals and groups of individuals who are recipients of vocational rehabilitation services, or in appropriate cases, the individuals' representatives;

(ii) personnel working in programs that provide vocational rehabilitation services to individuals with disabilities;

(iii) providers of vocational rehabilitation services to individuals with disabilities;

(iv) the director of the client assistance program; and

(v) the State Rehabilitation Council, if the State has such a Council.

(17) Use of funds for construction of facilities

The State plan shall provide that if, under special circumstances, the State plan includes provisions for the construction of facilities for community rehabilitation programs--

(A) the Federal share of the cost of construction for the facilities for a fiscal year will not exceed an amount equal to 10 percent of the State's allotment under section 110 for such year;

(B) the provisions of section 306 (as in effect on the day before the date of enactment of the Rehabilitation Act Amendments of 1998) shall be applicable to such construction and such provisions shall be deemed to apply to such construction; and

(C) there shall be compliance with regulations the Commissioner shall prescribe designed to assure that no State will reduce its efforts in providing other vocational rehabilitation services (other than for the establishment of facilities for community rehabilitation programs) because the plan includes such provisions for construction.

(18) Innovation and expansion activities

The State plan shall--

(A) include an assurance that the State will reserve and use a portion of the funds allotted to the State under section 110--

(i) for the development and implementation of innovative approaches to expand and improve the provision of vocational rehabilitation services to individuals with disabilities under this title, particularly individuals with the most significant disabilities, consistent with the findings of the statewide assessment and goals and priorities of the State as described in paragraph (15); and

(ii) to support the funding of--

(I) the State Rehabilitation Council, if the State has such a Council, consistent with the plan prepared under section 105(d)(1); and

(II) the Statewide Independent Living Council, consistent with the plan prepared under section 705(e)(1);

(B) include a description of how the reserved funds will be utilized; and

(C) provide that the State shall submit to the Commissioner an annual report containing a description of how the reserved funds will be utilized.

(19) Choice

The State plan shall include an assurance that applicants and eligible individuals or, as appropriate, the applicants' representatives or individuals' representatives, will be provided information and support services to assist the applicants and individuals in exercising informed choice throughout the rehabilitation process, consistent with the provisions of section 102(d).

(20) Information and referral services

(A) In general

The State plan shall include an assurance that the designated State agency will implement an information and referral system adequate to ensure that individuals with disabilities will be provided accurate vocational rehabilitation information and guidance, using appropriate modes

of communication, to assist such individuals in preparing for, securing, retaining, or regaining employment, and will be appropriately referred to Federal and State programs (other than the vocational rehabilitation program carried out under this title), including other components of the statewide workforce investment system in the State.

(B) Referrals

An appropriate referral made through the system shall--

(i) be to the Federal or State programs, including programs carried out by other components of the statewide workforce investment system in the State, best suited to address the specific employment needs of an individual with a disability; and

(ii) include, for each of these programs, provision to the individual of--

(I) a notice of the referral by the designated State agency to the agency carrying out the program;

(II) information identifying a specific point of contact within the agency carrying out the program; and

(III) information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

(21) State independent consumer-controlled commission; state rehabilitation council

(A) Commission or council

The State plan shall provide that either--

(i) the designated State agency is an independent commission that--

(I) is responsible under State law for operating, or overseeing the operation of, the vocational rehabilitation program in the State;

(II) is consumer-controlled by persons who--

(aa) are individuals with physical or mental impairments that substantially limit major life activities; and

(bb) represent individuals with a broad range of disabilities, unless the designated State unit under the direction of the commission is the State agency for individuals who are blind;

(III) includes family members, advocates, or other representatives, of individuals with mental impairments; and

(IV) undertakes the functions set forth in section 105(c)(4); or

(ii) the State has established a State Rehabilitation Council that meets the criteria set forth in section 105 and the designated State unit--

(I) in accordance with paragraph (15), jointly develops, agrees to, and reviews annually State goals and priorities, and jointly submits annual reports of progress with the Council;

(II) regularly consults with the Council regarding the development, implementation, and revision of State policies and procedures of general applicability pertaining to the provision of vocational rehabilitation services;

(III) includes in the State plan and in any revision to the State plan, a summary of input provided by the Council, including recommendations from the annual report of the Council described in section 105(c)(5), the review and analysis of consumer satisfaction described in section 105(c)(4), and other reports prepared by the Council, and the response of the designated State unit to such input and recommendations, including explanations for rejecting any input or recommendation; and

(IV) transmits to the Council--

(aa) all plans, reports, and other information required under this title to be submitted to the Secretary;

(bb) all policies, and information on all practices and procedures, of general applicability provided to or used by rehabilitation personnel in carrying out this title; and

(cc) copies of due process hearing decisions issued under this title, which shall be transmitted in such a manner as to ensure that the identity of the participants in the hearings is kept confidential.

(B) More than 1 designated state agency

In the case of a State that, under section 101(a)(2), designates a State agency to administer the part of the State plan under which vocational rehabilitation services are provided for individuals who are blind (or to supervise the administration of such part by a local agency) and designates a separate State agency to administer the rest of the State plan, the State shall either establish a State Rehabilitation Council for each of the 2 agencies that does not meet the requirements in subparagraph (A)(i), or establish 1 State Rehabilitation Council for both agencies if neither agency meets the requirements of subparagraph (A)(i).

(22) Supported employment state plan supplement

The State plan shall include an assurance that the State has an acceptable plan for carrying out part B of title VI, including the use of funds under that part to supplement funds made available under part B of this title to pay for the cost of services leading to supported employment.

(23) Annual updates

The plan shall include an assurance that the State will submit to the Commissioner reports containing annual updates of the information required under paragraph (7) (relating to a comprehensive system of personnel development) and any other updates of the information required under this section that are requested by the Commissioner, and annual reports as provided in paragraphs (15) (relating to assessments, estimates, goals and priorities, and reports

of progress) and (18) (relating to innovation and expansion), at such time and in such manner as the Secretary may determine to be appropriate.

(24) Certain contracts and cooperative agreements

(A) Contracts with for-profit organizations

The State plan shall provide that the designated State agency has the authority to enter into contracts with for-profit organizations for the purpose of providing, as vocational rehabilitation services, on-the-job training and related programs for individuals with disabilities under part A of title VI, upon a determination by such agency that such for-profit organizations are better qualified to provide such rehabilitation services than nonprofit agencies and organizations.

(B) Cooperative agreements with private nonprofit organizations

The State plan shall describe the manner in which cooperative agreements with private nonprofit vocational rehabilitation service providers will be established.

(b) Approval; Disapproval of the State Plan

(1) Approval

The Commissioner shall approve any plan that the Commissioner finds fulfills the conditions specified in this section, and shall disapprove any plan that does not fulfill such conditions.

(2) Disapproval

Prior to disapproval of the State plan, the Commissioner shall notify the State of the intention to disapprove the plan and shall afford the State reasonable notice and opportunity for a hearing.

Sec. 102. Eligibility and Individualized Plan for Employment

(a) Eligibility

(1) Criterion for eligibility

An individual is eligible for assistance under this title if the individual--

(A) is an individual with a disability under section 7(20)(A); and

(B) requires vocational rehabilitation services to prepare for, secure, retain, or regain employment.

(2) Presumption of benefit

(A) Demonstration

For purposes of this section, an individual shall be presumed to be an individual that can benefit in terms of an employment outcome from vocational rehabilitation services under section 7(20)(A), unless the designated State unit involved can demonstrate by clear and convincing evidence that such individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual.

(B) Methods

In making the demonstration required under subparagraph (A), the designated State unit shall explore the individual's abilities, capabilities, and capacity to perform in work situations, through the use of trial work experiences, as described in section 7(2)(D), with appropriate supports provided through the designated State unit, except under limited circumstances when an individual can not take advantage of such experiences. Such experiences shall be of sufficient variety and over a sufficient period of time to determine the eligibility of the individual or to determine the existence of clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual.

(3) Presumption of eligibility

(A) In general

For purposes of this section, an individual who has a disability or is blind as determined pursuant to title II or title XVI of the Social Security Act (42 U.S.C. 401 et seq. and 1381 et seq.) shall be--

(i) considered to be an individual with a significant disability under section 7(21)(A); and

(ii) presumed to be eligible for vocational rehabilitation services under this title (provided that the individual intends to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual) unless the designated State unit involved can demonstrate by clear and convincing evidence that such individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual in accordance with paragraph (2).

(B) Construction

Nothing in this paragraph shall be construed to create an entitlement to any vocational rehabilitation service.

(4) Use of existing information

(A) In general

To the maximum extent appropriate and consistent with the requirements of this part, for purposes of determining the eligibility of an individual for vocational rehabilitation services under this title and developing the individualized plan for employment described in subsection (b) for the individual, the designated State unit shall use information that is existing and current (as of the date of the determination of eligibility or of the development of the individualized plan for employment), including information available from other programs and providers, particularly information used by education officials and the Social Security Administration, information provided by the individual and the family of the individual, and information obtained under the assessment for determining eligibility and vocational rehabilitation needs.

(B) Determinations by officials of other agencies

Determinations made by officials of other agencies, particularly education officials described in section 101(a)(11)(D), regarding whether an individual satisfies 1 or more factors relating to whether an individual is an individual with a disability under section 7(20)(A) or an individual with a significant disability under section 7(21)(A) shall be used, to the extent appropriate and consistent with the requirements of this part, in assisting the designated State unit in making such determinations.

(C) Basis

The determination of eligibility for vocational rehabilitation services shall be based on--

(i) the review of existing data described in section 7(2)(A)(i); and

(ii) to the extent that such data is unavailable or insufficient for determining eligibility, the provision of assessment activities described in section 7(2)(A)(ii).

(5) Determination of ineligibility

If an individual who applies for services under this title is determined, based on the review of existing data and, to the extent necessary, the assessment activities described in section 7(2)(A)(ii), not to be eligible for the services, or if an eligible individual receiving services under an individualized plan for employment is determined to be no longer eligible for the services--

(A) the ineligibility determination involved shall be made only after providing an opportunity for full consultation with the individual or, as appropriate, the individual's representative;

(B) the individual or, as appropriate, the individual's representative, shall be informed in writing (supplemented as necessary by other appropriate modes of communication consistent with the informed choice of the individual) of the ineligibility determination, including--

(i) the reasons for the determination; and

(ii) a description of the means by which the individual may express, and seek a remedy for, any dissatisfaction with the determination, including the procedures for review by an impartial hearing officer under subsection (c);

(C) the individual shall be provided with a description of services available from the client assistance program under section 112 and information on how to contact that program; and

(D) any ineligibility determination that is based on a finding that the individual is incapable of benefiting in terms of an employment outcome shall be reviewed--

(i) within 12 months; and

(ii) thereafter, if such a review is requested by the individual or, if appropriate, by the individual's representative.

(6) Timeframe for making an eligibility determination

The designated State unit shall determine whether an individual is eligible for vocational rehabilitation services under this title within a reasonable period of time, not to exceed 60 days, after the individual has submitted an application for the services unless--

(A) exceptional and unforeseen circumstances beyond the control of the designated State unit preclude making an eligibility determination within 60 days and the designated State unit and the individual agree to a specific extension of time; or

(B) the designated State unit is exploring an individual's abilities, capabilities, and capacity to perform in work situations under paragraph (2)(B).

(b) Development of an Individualized Plan for Employment

(1) Options for developing an individualized plan for employment

If an individual is determined to be eligible for vocational rehabilitation services as described in subsection (a), the designated State unit shall complete the assessment for determining eligibility and vocational rehabilitation needs, as appropriate, and shall provide the eligible individual or the individual's representative, in writing and in an appropriate mode of communication, with information on the individual's options for developing an individualized plan for employment, including--

(A) information on the availability of assistance, to the extent determined to be appropriate by the eligible individual, from a qualified vocational rehabilitation counselor in developing all or part of the individualized plan for employment for the individual, and the availability of technical assistance in developing all or part of the individualized plan for employment for the individual;

(B) a description of the full range of components that shall be included in an individualized plan for employment;

(C) as appropriate--

(i) an explanation of agency guidelines and criteria associated with financial commitments concerning an individualized plan for employment;

(ii) additional information the eligible individual requests or the designated State unit determines to be necessary; and

(iii) information on the availability of assistance in completing designated State agency forms required in developing an individualized plan for employment; and

(D)(i) a description of the rights and remedies available to such an individual including, if appropriate, recourse to the processes set forth in subsection (c); and

(ii) a description of the availability of a client assistance program established pursuant to section 112 and information about how to contact the client assistance program.

(2) Mandatory procedures

(A) Written document

An individualized plan for employment shall be a written document prepared on forms provided by the designated State unit.

(B) Informed choice

An individualized plan for employment shall be developed and implemented in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an

employment outcome, the specific vocational rehabilitation services to be provided under the plan, the entity that will provide the vocational rehabilitation services, and the methods used to procure the services, consistent with subsection (d).

(C) Signatories

An individualized plan for employment shall be--

- (i) agreed to, and signed by, such eligible individual or, as appropriate, the individual's representative; and
- (ii) approved and signed by a qualified vocational rehabilitation counselor employed by the designated State unit.

(D) Copy

A copy of the individualized plan for employment for an eligible individual shall be provided to the individual or, as appropriate, to the individual's representative, in writing and, if appropriate, in the native language or mode of communication of the individual or, as appropriate, of the individual's representative.

(E) Review and amendment

The individualized plan for employment shall be--

- (i) reviewed at least annually by--
 - (I) a qualified vocational rehabilitation counselor; and
 - (II) the eligible individual or, as appropriate, the individual's representative; and
- (ii) amended, as necessary, by the individual or, as appropriate, the individual's representative, in collaboration with a representative of the designated State agency or a qualified vocational rehabilitation counselor (to the extent determined to be appropriate by the individual), if there are substantive changes in the employment outcome, the vocational rehabilitation services to be provided, or the service providers of the services (which amendments shall not take effect until agreed to and signed by the eligible individual or, as appropriate, the individual's representative, and by a qualified vocational rehabilitation counselor employed by the designated State unit).

(3) Mandatory components of an individualized plan for employment

Regardless of the approach selected by an eligible individual to develop an individualized plan for employment, an individualized plan for employment shall, at a minimum, contain mandatory components consisting of--

(A) a description of the specific employment outcome that is chosen by the eligible individual, consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the eligible individual, and, to the maximum extent appropriate, results in employment in an integrated setting;

(B)(i) a description of the specific vocational rehabilitation services that are--

(I) needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices and assistive technology services, and personal assistance services, including training in the management of such services; and

(II) provided in the most integrated setting that is appropriate for the service involved and is consistent with the informed choice of the eligible individual; and

(ii) timelines for the achievement of the employment outcome and for the initiation of the services;

(C) a description of the entity chosen by the eligible individual or, as appropriate, the individual's representative, that will provide the vocational rehabilitation services, and the methods used to procure such services;

(D) a description of criteria to evaluate progress toward achievement of the employment outcome;

(E) the terms and conditions of the individualized plan for employment, including, as appropriate, information describing--

(i) the responsibilities of the designated State unit;

(ii) the responsibilities of the eligible individual, including--

(I) the responsibilities the eligible individual will assume in relation to the employment outcome of the individual;

(II) if applicable, the participation of the eligible individual in paying for the costs of the plan; and

(III) the responsibility of the eligible individual with regard to applying for and securing comparable benefits as described in section 101(a)(8); and

(iii) the responsibilities of other entities as the result of arrangements made pursuant to comparable services or benefits requirements as described in section 101(a)(8);

(F) for an eligible individual with the most significant disabilities for whom an employment outcome in a supported employment setting has been determined to be appropriate, information identifying--

(i) the extended services needed by the eligible individual; and

(ii) the source of extended services or, to the extent that the source of the extended services cannot be identified at the time of the development of the individualized plan for employment, a description of the basis for concluding that there is a reasonable expectation that such source will become available; and

(G) as determined to be necessary, a statement of projected need for post-employment services.

(c) Procedures

(1) In general

Each State shall establish procedures for mediation of, and procedures for review through an impartial due process hearing of, determinations made by personnel of the designated State unit that affect the provision of vocational rehabilitation services to applicants or eligible individuals.

(2) Notification

(A) Rights and assistance

The procedures shall provide that an applicant or an eligible individual or, as appropriate, the applicant's representative or individual's representative shall be notified of--

(i) the right to obtain review of determinations described in paragraph (1) in an impartial due process hearing under paragraph (5);

(ii) the right to pursue mediation with respect to the determinations under paragraph (4); and

(iii) the availability of assistance from the client assistance program under section 112.

(B) Timing

Such notification shall be provided in writing--

(i) at the time an individual applies for vocational rehabilitation services provided under this title;

(ii) at the time the individualized plan for employment for the individual is developed; and

(iii) upon reduction, suspension, or cessation of vocational rehabilitation services for the individual.

(3) Evidence and representation

The procedures required under this subsection shall, at a minimum--

(A) provide an opportunity for an applicant or an eligible individual, or, as appropriate, the applicant's representative or individual's representative, to submit at the mediation session or hearing evidence and information to support the position of the applicant or eligible individual; and

(B) include provisions to allow an applicant or an eligible individual to be represented in the mediation session or hearing by a person selected by the applicant or eligible individual.

(4) Mediation

(A) Procedures

Each State shall ensure that procedures are established and implemented under this subsection to allow parties described in paragraph (1) to disputes involving any determination described in paragraph (1) to resolve such disputes through a mediation process that, at a minimum, shall be available whenever a hearing is requested under this subsection.

(B) Requirements

Such procedures shall ensure that the mediation process--

(i) is voluntary on the part of the parties;

(ii) is not used to deny or delay the right of an individual to a hearing under this subsection, or to deny any other right afforded under this title; and

(iii) is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

(C) List of mediators

The State shall maintain a list of individuals who are qualified mediators and knowledgeable in laws (including regulations) relating to the provision of vocational rehabilitation services under this title, from which the mediators described in subparagraph (B) shall be selected.

(D) Cost

The State shall bear the cost of the mediation process.

(E) Scheduling

Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute.

(F) Agreement

An agreement reached by the parties to the dispute in the mediation process shall be set forth in a written mediation agreement.

(G) Confidentiality

Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding. The parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of such process.

(H) Construction

Nothing in this subsection shall be construed to preclude the parties to such a dispute from informally resolving the dispute prior to proceedings under this paragraph or paragraph (5), if the informal process used is not used to deny or delay the right of the applicant or eligible individual to a hearing under this subsection or to deny any other right afforded under this title.

(5) Hearings

(A) Officer

A due process hearing described in paragraph (2) shall be conducted by an impartial hearing officer who shall issue a decision based on the provisions of the approved State plan, this Act (including regulations implementing this Act), and State regulations and policies that are consistent with the Federal requirements specified in this title. The officer shall provide the decision in writing to the applicant or eligible individual, or, as appropriate, the applicant's representative or individual's representative, and to the designated State unit.

(B) List

The designated State unit shall maintain a list of qualified impartial hearing officers who are knowledgeable in laws (including regulations) relating to the provision of vocational rehabilitation services under this title from which the officer described in subparagraph (A) shall be selected. For the purposes of maintaining such list, impartial hearing officers shall be identified jointly by--

(i) the designated State unit; and

(ii) members of the Council or commission, as appropriate, described in section 101(a)(21).

(C) Selection

Such an impartial hearing officer shall be selected to hear a particular case relating to a determination--

(i) on a random basis; or

(ii) by agreement between--

(I) the Director of the designated State unit and the individual with a disability; or

(II) in appropriate cases, the Director and the individual's representative.

(D) Procedures for seeking review

A State may establish procedures to enable a party involved in a hearing under this paragraph to seek an impartial review of the decision of the hearing officer under subparagraph (A) by--

(i) the chief official of the designated State agency if the State has established both a designated State agency and a designated State unit under section 101(a)(2); or

(ii) an official from the office of the Governor.

(E) Review request

If the State establishes impartial review procedures under subparagraph (D), either party may request the review of the decision of the hearing officer within 20 days after the decision.

(F) Reviewing official

The reviewing official described in subparagraph (D) shall--

(i) in conducting the review, provide an opportunity for the submission of additional evidence and information relevant to a final decision concerning the matter under review;

(ii) not overturn or modify the decision of the hearing officer, or part of the decision, that supports the position of the applicant or eligible individual unless the reviewing official concludes, based on clear and convincing evidence, that the decision of the impartial hearing officer is clearly erroneous on the basis of being contrary to the approved State plan, this Act

(including regulations implementing this Act) or any State regulation or policy that is consistent with the Federal requirements specified in this title; and

(iii) make a final decision with respect to the matter in a timely manner and provide such decision in writing to the applicant or eligible individual, or, as appropriate, the applicant's representative or individual's representative, and to the designated State unit, including a full report of the findings and the grounds for such decision.

(G) Finality of hearing decision

A decision made after a hearing under subparagraph (A) shall be final, except that a party may request an impartial review if the State has established procedures for such review under subparagraph (D) and a party involved in a hearing may bring a civil action under subparagraph (J).

(H) Finality of review

A decision made under subparagraph (F) shall be final unless such a party brings a civil action under subparagraph (J).

(I) Implementation

If a party brings a civil action under subparagraph (J) to challenge a final decision of a hearing officer under subparagraph (A) or to challenge a final decision of a State reviewing official under subparagraph (F), the final decision involved shall be implemented pending review by the court.

(J) Civil action

(i) In general

Any party aggrieved by a final decision described in subparagraph (I), may bring a civil action for review of such decision. The action may be brought in any State court of competent jurisdiction or in a district court of the United States of competent jurisdiction without regard to the amount in controversy.

(ii) Procedure

In any action brought under this subparagraph, the court--

(I) shall receive the records relating to the hearing under subparagraph (A) and the records relating to the State review under subparagraphs (D) through (F), if applicable;

(II) shall hear additional evidence at the request of a party to the action; and

(III) basing the decision of the court on the preponderance of the evidence, shall grant such relief as the court determines to be appropriate.

(6) Hearing board

(A) In general

A fair hearing board, established by a State before January 1, 1985, and authorized under State law to review determinations or decisions under this Act, is authorized to carry out the responsibilities of the impartial hearing officer under this subsection.

(B) Application

The provisions of paragraphs (1), (2), and (3) that relate to due process hearings do not apply, and paragraph (5) (other than subparagraph (J)) does not apply, to any State to which subparagraph (A) applies.

(7) Impact on provision of services

Unless the individual with a disability so requests, or, in an appropriate case, the individual's representative, so requests, pending a decision by a mediator, hearing officer, or reviewing officer under this subsection, the designated State unit shall not institute a suspension, reduction, or termination of services being provided for the individual, including evaluation and assessment services and plan development, unless such services have been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual, or the individual's representative.

(8) Information collection and report

(A) In general

The Director of the designated State unit shall collect information described in subparagraph (B) and prepare and submit to the Commissioner a report containing such information. The Commissioner shall prepare a summary of the information furnished under this paragraph and include the summary in the annual report submitted under section 13. The Commissioner shall also collect copies of the final decisions of impartial hearing officers conducting hearings under this subsection and State officials conducting reviews under this subsection.

(B) Information

The information required to be collected under this subsection includes--

(i) a copy of the standards used by State reviewing officials for reviewing decisions made by impartial hearing officers under this subsection;

(ii) information on the number of hearings and reviews sought from the impartial hearing officers and the State reviewing officials, including the type of complaints and the issues involved;

(iii) information on the number of hearing decisions made under this subsection that were not reviewed by the State reviewing officials; and

(iv) information on the number of the hearing decisions that were reviewed by the State reviewing officials, and, based on such reviews, the number of hearing decisions that were--

(I) sustained in favor of an applicant or eligible individual;

(II) sustained in favor of the designated State unit;

(III) reversed in whole or in part in favor of the applicant or eligible individual; and

(IV) reversed in whole or in part in favor of the designated State unit.

(C) Confidentiality

The confidentiality of records of applicants and eligible individuals maintained by the designated State unit shall not preclude the access of the Commissioner to those records for the purposes described in subparagraph (A).

(d) Policies and Procedures

Each designated State agency, in consultation with the State Rehabilitation Council, if the State has such a council, shall, consistent with section 100(a)(3)(C), develop and implement written policies and procedures that enable each individual who is an applicant for or eligible to receive vocational rehabilitation services under this title to exercise informed choice throughout the vocational rehabilitation process carried out under this title, including policies and procedures that require the designated State agency--

(1) to inform each such applicant and eligible individual (including students with disabilities who are making the transition from programs under the responsibility of an educational agency to programs under the responsibility of the designated State unit), through appropriate modes of communication, about the availability of, and opportunities to exercise, informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice, throughout the vocational rehabilitation process;

(2) to assist applicants and eligible individuals in exercising informed choice in decisions related to the provision of assessment services under this title;

(3) to develop and implement flexible procurement policies and methods that facilitate the provision of services, and that afford eligible individuals meaningful choices among the methods used to procure services, under this title;

(4) to provide or assist eligible individuals in acquiring information that enables those individuals to exercise informed choice under this title in the selection of--

(A) the employment outcome;

(B) the specific vocational rehabilitation services needed to achieve the employment outcome;

(C) the entity that will provide the services;

(D) the employment setting and the settings in which the services will be provided; and

(E) the methods available for procuring the services; and

(5) to ensure that the availability and scope of informed choice provided under this section is consistent with the obligations of the designated State agency under this title.

Sec. 103. Vocational Rehabilitation Services

(a) Vocational Rehabilitation Services for Individuals

Vocational rehabilitation services provided under this title are any services described in an individualized plan for employment necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual, including--

(1) an assessment for determining eligibility and vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology;

(2) counseling and guidance, including information and support services to assist an individual in exercising informed choice consistent with the provisions of section 102(d);

(3) referral and other services to secure needed services from other agencies through agreements developed under section 101(a)(11), if such services are not available under this title;

(4) job-related services, including job search and placement assistance, job retention services, followup services, and follow-along services;

(5) vocational and other training services, including the provision of personal and vocational adjustment services, books, tools, and other training materials, except that no training services provided at an institution of higher education shall be paid for with funds under this title unless maximum efforts have been made by the designated State unit and the individual to secure grant assistance, in whole or in part, from other sources to pay for such training;

(6) to the extent that financial support is not readily available from a source (such as through health insurance of the individual or through comparable services and benefits consistent with section 101(a)(8)(A)), other than the designated State unit, diagnosis and treatment of physical and mental impairments, including--

(A) corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time;

(B) necessary hospitalization in connection with surgery or treatment;

(C) prosthetic and orthotic devices;

(D) eyeglasses and visual services as prescribed by qualified personnel who meet State licensure laws and who are selected by the individual;

(E) special services (including transplantation and dialysis), artificial kidneys, and supplies necessary for the treatment of individuals with end-stage renal disease; and

(F) diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;

(7) maintenance for additional costs incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an individualized plan for employment;

(8) transportation, including adequate training in the use of public transportation vehicles and systems, that is provided in connection with the provision of any other service described in this section and needed by the individual to achieve an employment outcome;

(9) on-the-job or other related personal assistance services provided while an individual is receiving other services described in this section;

(10) interpreter services provided by qualified personnel for individuals who are deaf or hard of hearing, and reader services for individuals who are determined to be blind, after an examination by qualified personnel who meet State licensure laws;

(11) rehabilitation teaching services, and orientation and mobility services, for individuals who are blind;

(12) occupational licenses, tools, equipment, and initial stocks and supplies;

(13) technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome;

(14) rehabilitation technology, including telecommunications, sensory, and other technological aids and devices;

(15) transition services for students with disabilities, that facilitate the achievement of the employment outcome identified in the individualized plan for employment;

(16) supported employment services;

(17) services to the family of an individual with a disability necessary to assist the individual to achieve an employment outcome; and

(18) specific post-employment services necessary to assist an individual with a disability to, retain, regain, or advance in employment.

(b) Vocational Rehabilitation Services for Groups of Individuals

Vocational rehabilitation services provided for the benefit of groups of individuals with disabilities may also include the following:

(1) In the case of any type of small business operated by individuals with significant disabilities the operation of which can be improved by management services and supervision provided by the designated State agency, the provision of such services and supervision, along or together with the acquisition by the designated State agency of vending facilities or other equipment and initial stocks and supplies.

(2)(A) The establishment, development, or improvement of community rehabilitation programs, including, under special circumstances, the construction of a facility. Such programs shall be used to provide services that promote integration and competitive employment.

(B) The provision of other services, that promise to contribute substantially to the rehabilitation of a group of individuals but that are not related directly to the individualized plan for employment of any 1 individual with a disability.

(3) The use of telecommunications systems (including telephone, television, satellite, radio, and other similar systems) that have the potential for substantially improving delivery methods of activities described in this section and developing appropriate programming to meet the particular needs of individuals with disabilities.

(4)(A) Special services to provide nonvisual access to information for individuals who are blind, including the use of telecommunications, Braille, sound recordings, or other appropriate media.

(B) Captioned television, films, or video cassettes for individuals who are deaf or hard of hearing.

(C) Tactile materials for individuals who are deaf-blind.

(D) Other special services that provide information through tactile, vibratory, auditory, and visual media.

(5) Technical assistance and support services to businesses that are not subject to title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) and that are seeking to employ individuals with disabilities.

(6) Consultative and technical assistance services to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including employment.

Sec. 104. Non-Federal share for establishment of program or construction

For the purpose of determining the amount of payments to States for carrying out part B (or to an Indian tribe under part C), the non-Federal share, subject to such limitations and conditions as may be prescribed in regulations by the Commissioner, shall include contributions of funds made by any private agency, organization, or individual to a State or local agency to assist in meeting the costs of establishment of a community rehabilitation program or construction, under special circumstances, of a facility for such a program, which would be regarded as State or local funds except for the condition, imposed by the contributor, limiting use of such funds to establishment of such a program or construction of such a facility.

Sec. 105. State Rehabilitation Council

(a) Establishment

(1) In general

Except as provided in section 101(a)(21)(A)(i), to be eligible to receive financial assistance under this title a State shall establish a State Rehabilitation Council (referred to in this section as the 'Council') in accordance with this section.

(2) Separate agency for individuals who are blind

A State that designates a State agency to administer the part of the State plan under which vocational rehabilitation services are provided for individuals who are blind under section 101(a)(2)(A)(i) may establish a separate Council in accordance with this section to perform the duties of such a Council with respect to such State agency.

(b) Composition and Appointment

(1) Composition

(A) In general

Except in the case of a separate Council established under subsection (a)(2), the Council shall be composed of--

(i) at least one representative of the Statewide Independent Living Council established under section 705, which representative may be the chairperson or other designee of the Council;

(ii) at least one representative of a parent training and information center established pursuant to section 682(a) of the Individuals with Disabilities Education Act (as added by section 101 of the Individuals with Disabilities Education Act Amendments of 1997; Public Law 105-17);

(iii) at least one representative of the client assistance program established under section 112;

(iv) at least one qualified vocational rehabilitation counselor, with knowledge of and experience with vocational rehabilitation programs, who shall serve as an ex officio, nonvoting member of the Council if the counselor is an employee of the designated State agency;

(v) at least one representative of community rehabilitation program service providers;

(vi) four representatives of business, industry, and labor;

(vii) representatives of disability advocacy groups representing a cross section of--

(I) individuals with physical, cognitive, sensory, and mental disabilities; and

(II) individuals' representatives of individuals with disabilities who have difficulty in representing themselves or are unable due to their disabilities to represent themselves;

(viii) current or former applicants for, or recipients of, vocational rehabilitation services;

(ix) in a State in which one or more projects are carried out under section 121, at least one representative of the directors of the projects;

(x) at least one representative of the State educational agency responsible for the public education of students with disabilities who are eligible to receive services under this title and part B of the Individuals with Disabilities Education Act; and

(xi) at least one representative of the State workforce investment board.

(B) Separate council

In the case of a separate Council established under subsection (a)(2), the Council shall be composed of--

(i) at least one representative described in subparagraph (A)(i);

(ii) at least one representative described in subparagraph (A)(ii);

(iii) at least one representative described in subparagraph (A)(iii);

(iv) at least one vocational rehabilitation counselor described in subparagraph (A)(iv), who shall serve as described in such subparagraph;

(v) at least one representative described in subparagraph (A)(v);

(vi) four representatives described in subparagraph (A)(vi);

(vii) at least one representative of a disability advocacy group representing individuals who are blind;

(viii) at least one individual's representative, of an individual who--

(I) is an individual who is blind and has multiple disabilities; and

(II) has difficulty in representing himself or herself or is unable due to disabilities to represent himself or herself;

(ix) applicants or recipients described in subparagraph (A)(viii);

(x) in a State described in subparagraph (A)(ix), at least one representative described in such subparagraph;

(xi) at least one representative described in subparagraph (A)(x); and

(xii) at least one representative described in subparagraph (A)(xi).

(C) Exception

In the case of a separate Council established under subsection (a)(2), any Council that is required by State law, as in effect on the date of enactment of the Rehabilitation Act Amendments of 1992, to have fewer than 15 members shall be deemed to be in compliance with subparagraph (B) if the Council--

(i) meets the requirements of subparagraph (B), other than the requirements of clauses (vi) and (ix) of such subparagraph; and

(ii) includes at least--

(I) one representative described in subparagraph (B)(vi); and

(II) one applicant or recipient described in subparagraph (B)(ix).

(2) Ex officio member

The Director of the designated State unit shall be an ex officio, nonvoting member of the Council.

(3) Appointment

Members of the Council shall be appointed by the Governor. The Governor shall select members after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities. In selecting members, the Governor shall consider, to the greatest extent practicable, the extent to which minority populations are represented on the Council.

(4) Qualifications

(A) In general

A majority of Council members shall be persons who are--

(i) individuals with disabilities described in section 7(20)(A); and

(ii) not employed by the designated State unit.

(B) Separate council

In the case of a separate Council established under subsection (a)(2), a majority of Council members shall be persons who are--

(i) blind; and

(ii) not employed by the designated State unit.

(5) Chairperson

(A) In general

Except as provided in subparagraph (B), the Council shall select a chairperson from among the membership of the Council.

(B) Designation by governor

In States in which the chief executive officer does not have veto power pursuant to State law, the Governor shall designate a member of the Council to serve as the chairperson of the Council or shall require the Council to so designate such a member.

(6) Terms of appointment

(A) Length of term

Each member of the Council shall serve for a term of not more than 3 years, except that--

(i) a member appointed to fill a vacancy occurring prior to the expiration of the term for which a predecessor was appointed, shall be appointed for the remainder of such term; and

(ii) the terms of service of the members initially appointed shall be (as specified by the Governor) for such fewer number of years as will provide for the expiration of terms on a staggered basis.

(B) Number of terms

No member of the Council, other than a representative described in clause (iii) or (ix) of paragraph (1)(A), or clause (iii) or (x) of paragraph (1)(B), may serve more than two consecutive full terms.

(7) Vacancies

(A) In general

Except as provided in subparagraph (B), any vacancy occurring in the membership of the Council shall be filled in the same manner as the original appointment. The vacancy shall not affect the power of the remaining members to execute the duties of the Council.

(B) Delegation

The Governor may delegate the authority to fill such a vacancy to the remaining members of the Council after making the original appointment.

(c) Functions of Council

The Council shall, after consulting with the State workforce investment board--

(1) review, analyze, and advise the designated State unit regarding the performance of the responsibilities of the unit under this title, particularly responsibilities relating to--

(A) eligibility (including order of selection);

(B) the extent, scope, and effectiveness of services provided; and

(C) functions performed by State agencies that affect or that potentially affect the ability of individuals with disabilities in achieving employment outcomes under this title;

(2) in partnership with the designated State unit--

(A) develop, agree to, and review State goals and priorities in accordance with section 101(a)(15)(C); and

(B) evaluate the effectiveness of the vocational rehabilitation program and submit reports of progress to the Commissioner in accordance with section 101(a)(15)(E);

(3) advise the designated State agency and the designated State unit regarding activities authorized to be carried out under this title, and assist in the preparation of the State plan and amendments to the plan, applications, reports, needs assessments, and evaluations required by this title;

(4) to the extent feasible, conduct a review and analysis of the effectiveness of, and consumer satisfaction with--

(A) the functions performed by the designated State agency;

(B) vocational rehabilitation services provided by State agencies and other public and private entities responsible for providing vocational rehabilitation services to individuals with disabilities under this Act; and

(C) employment outcomes achieved by eligible individuals receiving services under this title, including the availability of health and other employment benefits in connection with such employment outcomes;

(5) prepare and submit an annual report to the Governor and the Commissioner on the status of vocational rehabilitation programs operated within the State, and make the report available to the public;

(6) to avoid duplication of efforts and enhance the number of individuals served, coordinate activities with the activities of other councils within the State, including the Statewide Independent Living Council established under section 705, the advisory panel established under section 612(a)(21) of the Individual with Disabilities Education Act (as amended by section 101 of the Individuals with Disabilities Education Act Amendments of 1997; Public Law 105-17), the State Developmental Disabilities Council described in section 124 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6024), the State mental health planning council established under section 1914(a) of the Public Health Service Act (42 U.S.C. 300x-4(a)), and the State workforce investment board;

(7) provide for coordination and the establishment of working relationships between the designated State agency and the Statewide Independent Living Council and centers for independent living within the State; and

(8) perform such other functions, consistent with the purpose of this title, as the State Rehabilitation Council determines to be appropriate, that are comparable to the other functions performed by the Council.

(d) Resources

(1) Plan

The Council shall prepare, in conjunction with the designated State unit, a plan for the provision of such resources, including such staff and other personnel, as may be necessary and sufficient to carry out the functions of the Council under this section. The resource plan shall, to the maximum extent possible, rely on the use of resources in existence during the period of implementation of the plan.

(2) Resolution of disagreements

To the extent that there is a disagreement between the Council and the designated State unit in regard to the resources necessary to carry out the functions of the Council as set forth in this section, the disagreement shall be resolved by the Governor consistent with paragraph (1).

(3) Supervision and evaluation

Each Council shall, consistent with State law, supervise and evaluate such staff and other personnel as may be necessary to carry out its functions under this section.

(4) Personnel conflict of interest

While assisting the Council in carrying out its duties, staff and other personnel shall not be assigned duties by the designated State unit or any other agency or office of the State, that would create a conflict of interest.

(e) Conflict of Interest

No member of the Council shall cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest under State law.

(f) Meetings

The Council shall convene at least 4 meetings a year in such places as it determines to be necessary to conduct Council business and conduct such forums or hearings as the Council considers appropriate. The meetings, hearings, and forums shall be publicly announced. The meetings shall be open and accessible to the general public unless there is a valid reason for an executive session.

(g) Compensation and Expenses

The Council may use funds allocated to the Council by the designated State unit under this title (except for funds appropriated to carry out the client assistance program under section 112 and funds reserved pursuant to section 110(c) to carry out part C) to reimburse members of the Council for reasonable and necessary expenses of attending Council meetings and performing Council duties (including child care and personal assistance services), and to pay compensation to a member of the Council, if such member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing the duties of the Council.

(h) Hearings and Forums

The Council is authorized to hold such hearings and forums as the Council may determine to be necessary to carry out the duties of the Council.

Sec. 106. Evaluation Standards and Performance Indicators

(a) Establishment

(1) In general

(A) Establishment of standards and indicators

The Commissioner shall, not later than July 1, 1999, establish and publish evaluation standards and performance indicators for the vocational rehabilitation program carried out under this title.

(B) Review and revision

Effective July 1, 1999, the Commissioner shall review and, if necessary, revise the evaluation standards and performance indicators every 3 years. Any revisions of the standards and indicators shall be developed with input from State vocational rehabilitation agencies, related professional and consumer organizations, recipients of vocational rehabilitation services, and other interested parties. Any revisions of the standards and indicators shall be subject to the publication, review, and comment provisions of paragraph (3).

(C) Bases

Effective July 1, 1999, to the maximum extent practicable, the standards and indicators shall be consistent with the core indicators of performance established under section 136(b) of the Workforce Investment Act of 1998.

(2) Measures

The standards and indicators shall include outcome and related measures of program performance that facilitate the accomplishment of the purpose and policy of this title.

(3) Comment

The standards and indicators shall be developed with input from State vocational rehabilitation agencies, related professional and consumer organizations, recipients of vocational rehabilitation services, and other interested parties. The Commissioner shall publish in the Federal Register a notice of intent to regulate regarding the development of proposed standards and indicators. Proposed standards and indicators shall be published in the Federal Register for review and comment. Final standards and indicators shall be published in the Federal Register.

(b) Compliance

(1) State reports

In accordance with regulations established by the Secretary, each State shall report to the Commissioner after the end of each fiscal year the extent to which the State is in compliance with the standards and indicators.

(2) Program improvement

(A) Plan

If the Commissioner determines that the performance of any State is below established standards, the Commissioner shall provide technical assistance to the State, and the State and the Commissioner shall jointly develop a program improvement plan outlining the specific actions to be taken by the State to improve program performance.

(B) Review

The Commissioner shall--

(i) review the program improvement efforts of the State on a biannual basis and, if necessary, request the State to make further revisions to the plan to improve performance; and

(ii) continue to conduct such reviews and request such revisions until the State sustains satisfactory performance over a period of more than 1 year.

(c) Withholding

If the Commissioner determines that a State whose performance falls below the established standards has failed to enter into a program improvement plan, or is not complying substantially with the terms and conditions of such a program improvement plan, the Commissioner shall, consistent with subsections (c) and (d) of section 107, reduce or make no further payments to the State under this program, until the State has entered into an approved program improvement plan, or satisfies the Commissioner that the State is complying substantially with the terms and conditions of such a program improvement plan, as appropriate.

(d) Report to Congress

Beginning in fiscal year 1999, the Commissioner shall include in each annual report to the Congress under section 13 an analysis of program performance, including relative State performance, based on the standards and indicators.

Sec. 107. Monitoring and Review

(a) In General

(1) Duties

In carrying out the duties of the Commissioner under this title, the Commissioner shall--

(A) provide for the annual review and periodic onsite monitoring of programs under this title;
and

(B) determine whether, in the administration of the State plan, a State is complying substantially with the provisions of such plan and with evaluation standards and performance indicators established under section 106.

(2) Procedures for reviews

In conducting reviews under this section the Commissioner shall consider, at a minimum--

(A) State policies and procedures;

(B) guidance materials;

(C) decisions resulting from hearings conducted in accordance with due process;

(D) State goals established under section 101(a)(15) and the extent to which the State has achieved such goals;

(E) plans and reports prepared under section 106(b);

(F) consumer satisfaction reviews and analyses described in section 105(c)(4);

(G) information provided by the State Rehabilitation Council established under section 105, if the State has such a Council, or by the commission described in section 101(a)(21)(A)(i), if the State has such a commission;

(H) reports; and

(I) budget and financial management data.

(3) Procedures for monitoring

In conducting monitoring under this section the Commissioner shall conduct--

(A) onsite visits, including onsite reviews of records to verify that the State is following requirements regarding the order of selection set forth in section 101(a)(5)(A);

(B) public hearings and other strategies for collecting information from the public;

(C) meetings with the State Rehabilitation Council, if the State has such a Council or with the commission described in section 101(a)(21)(A)(i), if the State has such a commission;

(D) reviews of individual case files, including individualized plans for employment and ineligibility determinations; and

(E) meetings with qualified vocational rehabilitation counselors and other personnel.

(4) Areas of inquiry

In conducting the review and monitoring, the Commissioner shall examine--

(A) the eligibility process;

(B) the provision of services, including, if applicable, the order of selection;

(C) such other areas as may be identified by the public or through meetings with the State Rehabilitation Council, if the State has such a Council or with the commission described in section 101(a)(21)(A)(i), if the State has such a commission; and

(D) such other areas of inquiry as the Commissioner may consider appropriate.

(5) Reports

If the Commissioner issues a report detailing the findings of an annual review or onsite monitoring conducted under this section, the report shall be made available to the State Rehabilitation Council, if the State has such a Council, for use in the development and modification of the State plan described in section 101.

(b) Technical Assistance

The Commissioner shall--

(1) provide technical assistance to programs under this title regarding improving the quality of vocational rehabilitation services provided; and

(2) provide technical assistance and establish a corrective action plan for a program under this title if the Commissioner finds that the program fails to comply substantially with the provisions of the State plan, or with evaluation standards or performance indicators established under section 106, in order to ensure that such failure is corrected as soon as practicable.

(c) Failure To Comply With Plan

(1) Withholding payments

Whenever the Commissioner, after providing reasonable notice and an opportunity for a hearing to the State agency administering or supervising the administration of the State plan approved under section 101, finds that--

(A) the plan has been so changed that it no longer complies with the requirements of section 101(a); or

(B) in the administration of the plan there is a failure to comply substantially with any provision of such plan or with an evaluation standard or performance indicator established under section 106,

the Commissioner shall notify such State agency that no further payments will be made to the State under this title (or, in the discretion of the Commissioner, that such further payments will be reduced, in accordance with regulations the Commissioner shall prescribe, or that further payments will not be made to the State only for the projects under the parts of the State plan affected by such failure), until the Commissioner is satisfied there is no longer any such failure.

(2) Period

Until the Commissioner is so satisfied, the Commissioner shall make no further payments to such State under this title (or shall reduce payments or limit payments to projects under those parts of the State plan in which there is no such failure).

(3) Disbursal of withheld funds

The Commissioner may, in accordance with regulations the Secretary shall prescribe, disburse any funds withheld from a State under paragraph (1) to any public or nonprofit private organization or agency within such State or to any political subdivision of such State submitting a plan meeting the requirements of section 101(a). The Commissioner may not make any payment under this paragraph unless the entity to which such payment is made has provided assurances to the Commissioner that such entity will contribute, for purposes of carrying out such plan, the same amount as the State would have been obligated to contribute if the State received such payment.

(d) Review

(1) Petition

Any State that is dissatisfied with a final determination of the Commissioner under section 101(b) or subsection (c) may file a petition for judicial review of such determination in the United States Court of Appeals for the circuit in which the State is located. Such a petition may be filed only within the 30-day period beginning on the date that notice of such final determination was received by the State. The clerk of the court shall transmit a copy of the petition to the Commissioner or to any officer designated by the Commissioner for that purpose. In accordance with section 2112 of title 28, United States Code, the Commissioner shall file with the court a record of the proceeding on which the Commissioner based the determination being appealed by the State. Until a record is so filed, the Commissioner may modify or set aside any determination made under such proceedings.

(2) Submissions and determinations

If, in an action under this subsection to review a final determination of the Commissioner under section 101(b) or subsection (c), the petitioner or the Commissioner applies to the court for leave to have additional oral submissions or written presentations made respecting such determination, the court may, for good cause shown, order the Commissioner to provide within 30 days an additional opportunity to make such submissions and presentations. Within such period, the Commissioner may revise any findings of fact, modify or set aside the determination being reviewed, or make a new determination by reason of the additional submissions and presentations, and shall file such modified or new determination, and any revised findings of fact, with the return of such submissions and presentations. The court shall thereafter review such new or modified determination.

(3) Standards of review

(A) In general

Upon the filing of a petition under paragraph (1) for judicial review of a determination, the court shall have jurisdiction--

(i) to grant appropriate relief as provided in chapter 7 of title 5, United States Code, except for interim relief with respect to a determination under subsection (c); and

(ii) except as otherwise provided in subparagraph (B), to review such determination in accordance with chapter 7 of title 5, United States Code.

(B) Substantial evidence

Section 706 of title 5, United States Code, shall apply to the review of any determination under this subsection, except that the standard for review prescribed by paragraph (2)(E) of such section 706 shall not apply and the court shall hold unlawful and set aside such determination if the court finds that the determination is not supported by substantial evidence in the record of the

proceeding submitted pursuant to paragraph (1), as supplemented by any additional submissions and presentations filed under paragraph (2).

Sec. 108. Expenditure of Certain Amounts

(a) Expenditure

Amounts described in subsection (b) may not be expended by a State for any purpose other than carrying out programs for which the State receives financial assistance under this title, under part B of title VI, or under title VII.

(b) Amounts

The amounts referred to in subsection (a) are amounts provided to a State under the Social Security Act (42 U.S.C. 301 et seq.) as reimbursement for the expenditure of payments received by the State from allotments under section 110 of this Act.

Sec. 109. Training of Employers with Respect to Americans with Disabilities Act of 1990

A State may expend payments received under section 111--

(1) to carry out a program to train employers with respect to compliance with the requirements of title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.); and

(2) to inform employers of the existence of the program and the availability of the services of the program.

Part B--Basic Vocational Rehabilitation Services

STATE ALLOTMENTS

Sec. 110. (a)(1) Subject to the provisions of subsection (c), for each fiscal year beginning before October 1, 1978, each State shall be entitled to an allotment of an amount bearing the same ratio to the amount authorized to be appropriated under section 100(b)(1) for allotment under this section as the product of--

(A) the population of the State; and

(B) the square of its allotment percentage, bears to the sum of the corresponding products for all the States.

(2)(A) For each fiscal year beginning on or after October 1, 1978, each State shall be entitled to an allotment in an amount equal to the amount such State received under paragraph (1) for the

fiscal year ending September 30, 1978, and an additional amount determined pursuant to subparagraph (B) of this paragraph.

(B) For each fiscal year beginning on or after October 1, 1978, each State shall be entitled to an allotment, from any amount authorized to be appropriated for such fiscal year under section 100(b)(1) for allotment under this section in excess of the amount appropriated under section 100(b)(1)(A) for the fiscal year ending September 30, 1978, in an amount equal to the sum of--

(i) an amount bearing the same ratio to 50 percent of such excess amount as the product of the population of the State and the square of its allotment percentage bears to the sum of the corresponding products for all the States; and

(ii) an amount bearing the same ratio to 50 percent of such excess amount as the product of the population of the State and its allotment percentage bears to the sum of the corresponding products for all the States.

(3) The sum of the payment to any State (other than Guam, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands) under this subsection for any fiscal year which is less than one-third of 1 percent of the amount appropriated under section 100(b)(1), or \$3,000,000, whichever is greater, shall be increased to that amount, the total of the increases thereby required being derived by proportionately reducing the allotment to each of the remaining such States under this subsection, but with such adjustments as may be necessary to prevent the sum of the allotments made under this subsection to any such remaining State from being thereby reduced to less than that amount.

(b)(1) Not later than forty-five days prior to the end of the fiscal year, the Commissioner shall determine, after reasonable opportunity for the submission to the Commissioner of comments by the State agency administering or supervising the program established under this title, that any payment of an allotment to a State under section 111(a) for any fiscal year will not be utilized by such State in carrying out the purposes of this title.

(2) As soon as practicable but not later than the end of the fiscal year, the Commissioner shall make such amount available for carrying out the purposes of this title to one or more other States to the extent the Commissioner determines such other State will be able to use such additional amount during that fiscal year or the subsequent fiscal year for carrying out such purposes. The Commissioner shall make such amount available only if such other State will be able to make sufficient payments from non-Federal sources to pay for the non-Federal share of the cost of vocational rehabilitation services under the State plan for the fiscal year for which the amount was appropriated.

(3) For the purposes of this part, any amount made available to a State for any fiscal year pursuant to this subsection shall be regarded as an increase of such State's allotment (as determined under the preceding provisions of this section) for such year.

(c)(1) For fiscal year 1987 and for each subsequent fiscal year, the Commissioner shall reserve from the amount appropriated under section 100(b)(1) for allotment under this section a sum, determined under paragraph (2), to carry out the purposes of part C.

(2) The sum referred to in paragraph (1) shall be, as determined by the Secretary--

(A) not less than three-quarters of 1 percent and not more than 1.5 percent of the amount referred to in paragraph (1), for fiscal year 1999; and

(B) not less than 1 percent and not more than 1.5 percent of the amount referred to in paragraph (1), for each of fiscal years 2000 through 2003.

PAYMENTS TO STATES

Sec. 111. (a)(1) Except as provided in paragraph (2), from each State's allotment under this part for any fiscal year, the Commissioner shall pay to a State an amount equal to the Federal share of the cost of vocational rehabilitation services under the plan for that State approved under section 101, including expenditures for the administration of the State plan.

(2)(A) The total of payments under paragraph (1) to a State for a fiscal year may not exceed its allotment under subsection (a) of section 110 for such year.

(B) For fiscal year 1994 and each fiscal year thereafter, the amount otherwise payable to a State for a fiscal year under this section shall be reduced by the amount by which expenditures from non-Federal sources under the State plan under this title for the previous fiscal year are less than the total of such expenditures for the second fiscal year preceding the previous fiscal year.

(C) The Commissioner may waive or modify any requirement or limitation under subparagraph (B) or section 101(a)(17) if the Commissioner determines that a waiver or modification is an equitable response to exceptional or uncontrollable circumstances affecting the State.

(3)(A) Except as provided in subparagraph (B), the amount of a payment under this section with respect to any construction project in any State shall be equal to the same percentage of the cost of such project as the Federal share that is applicable in the case of rehabilitation facilities (as defined in section 645(g) of the Public Health Service Act (42 U.S.C. 291o(a))), in such State.

(B) If the Federal share with respect to rehabilitation facilities in such State is determined pursuant to section 645(b)(2) of such Act (42 U.S.C. 291o(b)(2)), the percentage of the cost for purposes of this section shall be determined in accordance with regulations prescribed by the Commissioner designed to achieve as nearly as practicable results comparable to the results obtained under such section.

(b) The method of computing and paying amounts pursuant to subsection (a) shall be as follows:

(1) The Commissioner shall, prior to the beginning of each calendar quarter or other period prescribed by the Commissioner, estimate the amount to be paid to each State under the provisions of such subsection for such period, such estimate to be based on such records of the State and information furnished by it, and such other investigation as the Commissioner may find necessary.

(2) The Commissioner shall pay, from the allotment available therefor, the amount so estimated by the Commissioner for such period, reduced or increased, as the case may be, by any sum (not previously adjusted under this paragraph) by which the Commissioner finds that the estimate of the amount to be paid the State for any prior period under such subsection was greater or less than the amount which should have been paid to the State for such prior period under such subsection. Such payment shall be made prior to audit or settlement by the General Accounting Office, shall be made through the disbursing facilities of the Treasury Department, and shall be made in such installments as the Commissioner may determine.

CLIENT ASSISTANCE PROGRAM

Sec. 112.(a) From funds appropriated under subsection (h), the Secretary shall, in accordance with this section, make grants to States to establish and carry out client assistance programs to provide assistance in informing and advising all clients and client applicants of all available benefits under this Act, and, upon request of such clients or client applicants, to assist and advocate for such clients or applicants in their relationships with projects, programs, and services provided under this Act, including assistance and advocacy in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals under this Act and to facilitate access to the services funded under this Act through individual and systemic advocacy. The client assistance program shall provide information on the available services and benefits under this Act and title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) to individuals with disabilities in the State, especially with regard to individuals with disabilities who have traditionally been unserved or underserved by vocational rehabilitation programs. In providing assistance and advocacy under this subsection with respect to services under this title, a client assistance program may provide the assistance and advocacy with respect to services that are directly related to facilitating the employment of the individual.

(b) No State may receive payments from its allotment under this Act in any fiscal year unless the State has in effect not later than October 1, 1984, a client assistance program which--

(1) has the authority to pursue legal, administrative, and other appropriate remedies to ensure the protection of rights of individuals with disabilities who are receiving treatments, services, or rehabilitation under this Act within the State; and

(2) meets the requirements of designation under subsection (c).

(c)(1)(A) The Governor shall designate a public or private agency to conduct the client assistance program under this section. Except as provided in the last sentence of this subparagraph, the Governor shall designate an agency which is independent of any agency which provides treatment, services, or rehabilitation to individuals under this Act. If there is an agency in the State which has, or had, prior to the date of enactment of the Rehabilitation Amendments of 1984, served as a client assistance agency under this section and which received Federal financial assistance under this Act, the Governor may, in the initial designation, designate an agency which provides treatment, services, or rehabilitation to individuals with disabilities under this Act.

(B)(i) The Governor may not redesignate the agency designated under subparagraph (A) without good cause and unless--

(I) the Governor has given the agency 30 days notice of the intention to make such redesignation, including specification of the good cause for such redesignation and an opportunity to respond to the assertion that good cause has been shown;

(II) individuals with disabilities or the individuals' representatives have timely notice of the redesignation and opportunity for public comment; and

(III) the agency has the opportunity to appeal to the Commissioner on the basis that the redesignation was not for good cause.

(ii) If, after the date of enactment of the Rehabilitation Act Amendments of 1998--

(I) a designated State agency undergoes any change in the organizational structure of the agency that results in the creation of 1 or more new State agencies or departments or results in the merger of the designated State agency with 1 or more other State agencies or departments; and

(II) an agency (including an office or other unit) within the designated State agency was conducting a client assistance program before the change under the last sentence of subparagraph (A), the Governor shall redesignate the agency conducting the program. In conducting the redesignation, the Governor shall designate to conduct the program an agency that is independent of any agency that provides treatment, services, or rehabilitation to individuals with disabilities under this Act.

(2) In carrying out the provisions of this section, the Governor shall consult with the director of the State vocational rehabilitation agency, the head of the developmental disability protection and advocacy agency, and with representatives of professional and consumer organizations serving individuals with disabilities in the State.

(3) The agency designated under this subsection shall be accountable for the proper use of funds made available to the agency.

(d) The agency designated under subsection (c) of this section may not bring any class action in carrying out its responsibilities under this section.

(e)(1)(A) The Secretary shall allot the sums appropriated for each fiscal year under this section among the States on the basis of relative population of each State, except that no State shall receive less than \$50,000.

(B) The Secretary shall allot \$30,000 each to American Samoa, Guam, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

(C) For the purpose of this paragraph, the term 'State' does not include American Samoa, Guam, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

(D)(i) In any fiscal year that the funds appropriated for such fiscal year exceed \$7,500,000, the minimum allotment shall be \$100,000 for States and \$45,000 for territories.

(ii) For any fiscal year in which the total amount appropriated under subsection (h) exceeds the total amount appropriated under such subsection for the preceding fiscal year, the Secretary shall increase each of the minimum allotments under clause (i) by a percentage that shall not exceed the percentage increase in the total amount appropriated under such subsection between the preceding fiscal year and the fiscal year involved.

(2) The amount of an allotment to a State for a fiscal year which the Secretary determines will not be required by the State during the period for which it is available for the purpose for which allotted shall be available for reallocation by the Secretary at appropriate times to other States with respect to which such a determination has not been made, in proportion to the original allotments of such States for such fiscal year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates such State needs and will be able to use during such period, and the total of such reduction shall be similarly reallocated among the States whose proportionate amounts were not so reduced. Any such amount so reallocated to a State for a fiscal year shall be deemed to be a part of its allotment for such fiscal year.

(3) Except as specifically prohibited by or as otherwise provided in State law, the Secretary shall pay to the agency designated under subsection (c) the amount specified in the application approved under subsection (f).

(f) No grant may be made under this section unless the State submits an application to the Secretary at such time, in such manner, and containing or accompanied by such information as the Secretary deems necessary to meet the requirements of this section.

(g) The Secretary shall prescribe regulations applicable to the client assistance program which shall include the following requirements:

(1) No employees of such programs shall, while so employed, serve as staff or consultants of any rehabilitation project, program, or facility receiving assistance under this Act in the State.

(2) Each program shall be afforded reasonable access to policymaking and administrative personnel in the State and local rehabilitation programs, projects, or facilities.

(3)(A) Each program shall contain provisions designed to assure that to the maximum extent possible alternative means of dispute resolution are available for use at the discretion of an applicant or client of the program prior to resorting to litigation or formal adjudication to resolve a dispute arising under this section.

(B) In subparagraph (A), the term 'alternative means of dispute resolution' means any procedure, including good faith negotiation, conciliation, facilitation, mediation, factfinding, and arbitration, and any combination of procedures, that is used in lieu of litigation in a court or formal adjudication in an administrative forum, to resolve a dispute arising under this section.

(4) For purposes of any periodic audit, report, or evaluation of the performance of a client assistance program under this section, the Secretary shall not require such a program to disclose the identity of, or any other personally identifiable information related to, any individual requesting assistance under such program.

(h) There are authorized to be appropriated such sums as may be necessary for fiscal years 1999 through 2003 to carry out the provisions of this section.

Part C--American Indian Vocational Rehabilitation Services

Vocational Rehabilitation Services Grants

Sec. 121. (a) The Commissioner, in accordance with the provisions of this part, may make grants to the governing bodies of Indian tribes located on Federal and State reservations (and consortia of such governing bodies) to pay 90 percent of the costs of vocational rehabilitation services for American Indians who are individuals with disabilities residing on or near such reservations. The non-Federal share of such costs may be in cash or in kind, fairly valued, and the Commissioner may waive such non-Federal share requirement in order to carry out the purposes of this Act.

(b)(1) No grant may be made under this part for any fiscal year unless an application therefor has been submitted to and approved by the Commissioner. The Commissioner may not approve an application unless the application--

(A) is made at such time, in such manner, and contains such information as the Commissioner may require;

(B) contains assurances that the rehabilitation services provided under this part to American Indians who are individuals with disabilities residing on or near a reservation in a State shall be, to the maximum extent feasible, comparable to rehabilitation services provided under this title to

other individuals with disabilities residing in the State and that, where appropriate, may include services traditionally used by Indian tribes; and

(C) contains assurances that the application was developed in consultation with the designated State unit of the State. (2) The provisions of sections 5, 6, 7, and 102(a) of the Indian Self-Determination and Education Assistance Act shall be applicable to any application submitted under this part. For purposes of this paragraph, any reference in any such provision to the Secretary of Education or to the Secretary of the Interior shall be considered to be a reference to the Commissioner.

(3) Any application approved under this part shall be effective for not more than 60 months, except as determined otherwise by the Commissioner pursuant to prescribed regulations. The State shall continue to provide vocational rehabilitation services under its State plan to American Indians residing on or near a reservation whenever such State includes any such American Indians in its State population under section 110(a)(1).

(4) In making grants under this part, the Secretary shall give priority consideration to applications for the continuation of programs which have been funded under this part.

(5) Nothing in this section may be construed to authorize a separate service delivery system for Indian residents of a State who reside in non-reservation areas.

(c) The term "reservation" includes Indian reservations, public domain Indian allotments, former Indian reservations in Oklahoma, and land held by incorporated Native groups, regional corporations, and village corporations under the provisions of the Alaska Native Claims Settlement Act.

Part D--Vocational Rehabilitation Services Client Information

Sec. 131. Data Sharing

(a) In General

(1) Memorandum of understanding

The Secretary of Education and the Secretary of Health and Human Services shall enter into a memorandum of understanding for the purposes of exchanging data of mutual importance--

(A) that concern clients of designated State agencies; and

(B) that are data maintained either by--

(i) the Rehabilitation Services Administration, as required by section 13; or

(ii) the Social Security Administration, from its Summary Earnings and Records and Master Beneficiary Records.

(2) Employment statistics

The Secretary of Labor shall provide the Commissioner with employment statistics specified in section 15 of the Wagner-Peyser Act, that facilitate evaluation by the Commissioner of the program carried out under part B, and allow the Commissioner to compare the progress of individuals with disabilities who are assisted under the program in securing, retaining, regaining, and advancing in employment with the progress made by individuals who are assisted under title I of the Workforce Investment Act of 1998.

(b) Treatment of Information

For purposes of the exchange described in subsection (a)(1), the data described in subsection (a)(1)(B)(ii) shall not be considered return information (as defined in section 6103(b)(2) of the Internal Revenue Code of 1986) and, as appropriate, the confidentiality of all client information shall be maintained by the Rehabilitation Services Administration and the Social Security Administration.

TITLE II--RESEARCH AND TRAINING

Declaration of Purpose

Sec. 200.

The purpose of this title is to--

(1) provide for research, demonstration projects, training, and related activities to maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities of all ages, with particular emphasis on improving the effectiveness of services authorized under this Act;

(2) provide for a comprehensive and coordinated approach to the support and conduct of such research, demonstration projects, training, and related activities and to ensure that the approach is in accordance with the 5-year plan developed under section 202(h);

(3) promote the transfer of rehabilitation technology to individuals with disabilities through research and demonstration projects relating to--

(A) the procurement process for the purchase of rehabilitation technology;

(B) the utilization of rehabilitation technology on a national basis;

(C) specific adaptations or customizations of products to enable individuals with disabilities to live more independently; and

(D) the development or transfer of assistive technology;

(4) ensure the widespread distribution, in usable formats, of practical scientific and technological information--

(A) generated by research, demonstration projects, training, and related activities; and

(B) regarding state-of-the-art practices, improvements in the services authorized under this Act, rehabilitation technology, and new knowledge regarding disabilities, to rehabilitation professionals, individuals with disabilities, and other interested parties, including the general public;

(5) identify effective strategies that enhance the opportunities of individuals with disabilities to engage in employment, including employment involving telecommuting and self-employment; and

(6) increase opportunities for researchers who are members of traditionally underserved populations, including researchers who are members of minority groups and researchers who are individuals with disabilities.

Authorization of Appropriations

Sec. 201. (a) There are authorized to be appropriated--

(1) for the purpose of providing for the expenses of the National Institute on Disability and Rehabilitation Research under section 202, which shall include the expenses of the Rehabilitation Research Advisory Council under section 205, and shall not include the expenses of such Institute to carry out section 204, such sums as may be necessary for each of fiscal years 1999 through 2003; and

(2) to carry out section 204, such sums as may be necessary for each of fiscal years 1999 through 2003. (b) Funds appropriated under this title shall remain available until expended.

National Institute on Disability and Rehabilitation Research

Sec. 202. (a)(1)

There is established within the Department of Education a National Institute on Disability and Rehabilitation Research (hereinafter in this title referred to as the 'Institute'), which shall be headed by a Director (hereinafter in this title referred to as the 'Director'), in order to--

(A) promote, coordinate, and provide for--

(i) research;

(ii) demonstration projects and training; and

(iii) related activities, with respect to individuals with disabilities;

(B) more effectively carry out activities through the programs under section 204 and activities under this section;

(C) widely disseminate information from the activities described in subparagraphs (A) and (B); and

(D) provide leadership in advancing the quality of life of individuals with disabilities.

(2) In the performance of the functions of the office, the Director shall be directly responsible to the Secretary or to the same Under Secretary or Assistant Secretary of the Department of Education to whom the Commissioner is responsible under section 3(a).

(b) The Director, through the Institute, shall be responsible for--

(1) administering the programs described in section 204 and activities under this section;

(2) widely disseminating findings, conclusions, and recommendations, resulting from research, demonstration projects, training, and related activities (referred to in this title as "covered activities") funded by the Institute, to--

(A) other Federal, State, tribal, and local public agencies;

(B) private organizations engaged in research relating to rehabilitation or providing rehabilitation services;

(C) rehabilitation practitioners; and

(D) individuals with disabilities and the individuals' representatives;

(3) coordinating, through the Interagency Committee established by section 203 of this Act, all Federal programs and policies relating to research in rehabilitation;

(4) widely disseminating educational materials and research results, concerning ways to maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, to--

(A) public and private entities, including--

(i) elementary and secondary schools (as defined in section 14101 of the Elementary and Secondary Education Act of 1965; and

(ii) institutions of higher education;

(B) rehabilitation practitioners;

(C) individuals with disabilities (especially such individuals who are members of minority groups or of populations that are unserved or underserved by programs under this Act); and

(D) the individuals' representatives for the individuals described in subparagraph (C);

(5)(A) conducting an education program to inform the public about ways of providing for the rehabilitation of individuals with disabilities, including information relating to--

(i) family care;

(ii) self-care; and

(iii) assistive technology devices and assistive technology services; and

(B) as part of the program, disseminating engineering information about assistive technology devices;

(6) conducting conferences, seminars, and workshops (including in-service training programs and programs for individuals with disabilities) concerning advances in rehabilitation research and rehabilitation technology (including advances concerning the selection and use of assistive technology devices and assistive technology services), pertinent to the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities;

(7) taking whatever action is necessary to keep the Congress fully and currently informed with respect to the implementation and conduct of programs and activities carried out under this title, including dissemination activities;

(8) producing, in conjunction with the Department of Labor, the National Center for Health Statistics, the Bureau of the Census, the Health Care Financing Administration, the Social Security Administration, the Bureau of Indian Affairs, the Indian Health Service, and other Federal departments and agencies, as may be appropriate, statistical reports and studies on the employment, self-employment, telecommuting, health, income, and other demographic characteristics of individuals with disabilities, including information on individuals with disabilities who live in rural or inner-city settings, with particular attention given to underserved populations, and widely disseminating such reports and studies to rehabilitation professionals, individuals with disabilities, the individuals' representatives, and others to assist in the planning, assessment, and evaluation of vocational and other rehabilitation services for individuals with disabilities;

(9) conducting research on consumer satisfaction with vocational rehabilitation services for the purpose of identifying effective rehabilitation programs and policies that promote the independence of individuals with disabilities and achievement of long-term vocational goals;

(10) conducting research to examine the relationship between the provision of specific services and successful, sustained employment outcomes, including employment outcomes involving self-employment and telecommuting; and

(11) coordinating activities with the Attorney General regarding the provision of information, training, or technical assistance regarding the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) to ensure consistency with the plan for technical assistance required under section 506 of such Act (42 U.S.C. 12206).

(c)(1) The Director, acting through the Institute or 1 or more entities funded by the Institute, shall provide for the development and dissemination of models to address consumer-driven information needs related to assistive technology devices and assistive technology services.

(2) The development and dissemination of models may include--

(A) convening groups of individuals with disabilities, family members and advocates of such individuals, commercial producers of assistive technology, and entities funded by the Institute to develop, assess, and disseminate knowledge about information needs related to assistive technology;

(B) identifying the types of information regarding assistive technology devices and assistive technology services that individuals with disabilities find especially useful;

(C) evaluating current models, and developing new models, for transmitting the information described in subparagraph (B) to consumers and to commercial producers of assistive technology; and

(D) disseminating through 1 or more entities funded by the Institute, the models described in subparagraph (C) and findings regarding the information described in subparagraph (B) to consumers and commercial producers of assistive technology.

(d)(1) The Director of the Institute shall be appointed by the Secretary. The Director shall be an individual with substantial experience in rehabilitation and in research administration.

(2) The Director, subject to the approval of the President, may appoint, for terms not to exceed three years, without regard to the provisions of title 5, United States Code, governing appointment in the competitive service, and may compensate, without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, such technical and professional employees of the Institute as the Director determines to be necessary to accomplish the functions of the Institute and also appoint and compensate without regard to such provisions, in a number not to exceed one-fifth of the number of full-time, regular technical and professional employees of the Institute.

(3) The Director may obtain the services of consultants, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service.

(e) The Director, pursuant to regulations which the Secretary shall prescribe, may establish and maintain fellowships with such stipends and allowances, including travel and subsistence expenses provided for under title 5, United States Code, as the Director considers necessary to procure the assistance of highly qualified research fellows, including individuals with disabilities, from the United States and foreign countries.

(f)(1) The Director shall provide for scientific peer review of all applications for financial assistance for research, training, and demonstration projects over which the Director has authority. The scientific peer review shall be conducted by individuals who are not Federal employees, who are scientists or other experts in the rehabilitation field (including the independent living field), including knowledgeable individuals with disabilities, and the individuals' representatives, and who are competent to review applications for the financial assistance.

(2) In providing for such scientific peer review, the Secretary shall provide for training, as necessary and appropriate, to facilitate the effective participation of those individuals selected to participate in such review.

(g) Not less than 90 percent of the funds appropriated under this title for any fiscal year shall be expended by the Director to carry out activities under this title through grants, contracts, or cooperative agreements. Up to 10 percent of the funds appropriated under this title for any fiscal year may be expended directly for the purpose of carrying out the functions of the Director under this section.

(h)(1) The Director shall--

(A) by October 1, 1998 and every fifth October 1 thereafter, prepare and publish in the Federal Register for public comment a draft of a 5-year plan that outlines priorities for rehabilitation research, demonstration projects, training, and related activities and explains the basis for such priorities;

(B) by June 1, 1999, and every fifth June 1 thereafter, after considering public comments, submit the plan in final form to the appropriate committees of Congress;

(C) at appropriate intervals, prepare and submit revisions in the plan to the appropriate committees of Congress; and

(D) annually prepare and submit progress reports on the plan to the appropriate committees of Congress.

(2) Such plan shall--

(A) identify any covered activity that should be conducted under this section and section 204 respecting the full inclusion and integration into society of individuals with disabilities, especially in the area of employment;

(B) determine the funding priorities for covered activities to be conducted under this section and section 204;

(C) specify appropriate goals and timetables for covered activities to be conducted under this section and section 204;

(D) be developed by the Director--

(i) after consultation with the Rehabilitation Research Advisory Council established under section 205;

(ii) in coordination with the Commissioner;

(iii) after consultation with the National Council on Disability established under title IV, the Secretary of Education, officials responsible for the administration of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.), and the Interagency Committee on Disability Research established under section 203; and

(iv) after full consideration of the input of individuals with disabilities and the individuals' representatives, organizations representing individuals with disabilities, providers of services furnished under this Act, researchers in the rehabilitation field, and any other persons or entities the Director considers to be appropriate;

(E) specify plans for widespread dissemination of the results of covered activities, in accessible formats, to rehabilitation practitioners, individuals with disabilities, and the individuals' representatives; and

(F) specify plans for widespread dissemination of the results of covered activities that concern individuals with disabilities who are members of minority groups or of populations that are unserved or underserved by programs carried out under this Act.

(i) In order to promote cooperation among Federal departments and agencies conducting research programs, the Director shall consult with the administrators of such programs, and with the Interagency Committee established by section 203, regarding the design of research projects conducted by such entities and the results and applications of such research.

(j)(1) The Director shall take appropriate actions to provide for a comprehensive and coordinated research program under this title. In providing such a program, the Director may undertake joint activities with other Federal entities engaged in research and with appropriate private entities.

Any Federal entity proposing to establish any research project related to the purposes of this Act shall consult, through the Interagency Committee established by section 203, with the Director as Chairperson of such Committee and provide the Director with sufficient prior opportunity to comment on such project.

(2) Any person responsible for administering any program of the National Institutes of Health, the Department of Veterans Affairs, the National Science Foundation, the National Aeronautics and Space Administration, the Office of Special Education and Rehabilitative Services, or of any other Federal entity, shall, through the Interagency Committee established by section 203, consult and cooperate with the Director in carrying out such program if the program is related to the purposes of this title.

(3) The Director shall support, directly or by grant or contract, a center associated with an institution of higher education, for research and training concerning the delivery of vocational rehabilitation services to rural areas.

(k) The Director shall make grants to institutions of higher education for the training of rehabilitation researchers, including individuals with disabilities, with particular attention to research areas that support the implementation and objectives of this Act and that improve the effectiveness of services authorized under this Act.

Interagency Committee

Sec. 203. (a)(1) In order to promote coordination and cooperation among Federal departments and agencies conducting rehabilitation research programs, there is established within the Federal Government an Interagency Committee on Disability Research (hereinafter in this section referred to as the "Committee"), chaired by the Director and comprised of such members as the President may designate, including the following (or their designees): the Director, the Commissioner of the Rehabilitation Services Administration, the Assistant Secretary for Special Education and Rehabilitative Services, the Secretary of Education, the Secretary of Veterans Affairs, the Director of the National Institutes of Health, the Director of the National Institute of Mental Health, the Administrator of the National Aeronautics and Space Administration, the Secretary of Transportation, the Assistant Secretary of the Interior for Indian Affairs, the Director of the Indian Health Service, and the Director of the National Science Foundation.

(2) The Committee shall meet not less than four times each year.

(b) After receiving input from individuals with disabilities and the individuals' representatives, the Committee shall identify, assess, and seek to coordinate all Federal programs, activities, and projects, and plans for such programs, activities, and projects with respect to the conduct of research related to rehabilitation of individuals with disabilities.

(c) The Committee shall annually submit to the President and to the appropriate committees of the Congress a report making such recommendations as the Committee deems appropriate with respect to coordination of policy and development of objectives and priorities for all Federal programs relating to the conduct of research related to rehabilitation of individuals with disabilities.

Research and Other Covered Activities

Sec. 204. (a)(1) To the extent consistent with priorities established in the 5-year plan described in section 202(h), the Director may make grants to and contracts with States and public or private agencies and organizations, including institutions of higher education, Indian tribes, and tribal organizations, to pay part of the cost of projects for the purpose of planning and conducting research, demonstration projects, training, and related activities, the purposes of which are to develop methods, procedures, and rehabilitation technology, that maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities, especially individuals with the most significant disabilities, and improve the effectiveness of services authorized under this Act.

(2)(A) In carrying out this section, the Director shall emphasize projects that support the implementation of titles I, III, V, VI, and VII, including projects addressing the needs described in the State plans submitted under section 101 or 704 by State agencies.

(B) Such projects, as described in the State plans submitted by State agencies, may include--

(i) medical and other scientific, technical, methodological, and other investigations into the nature of disability, methods of analyzing it, and restorative techniques, including basic research where related to rehabilitation techniques or services;

(ii) studies and analysis of industrial, vocational, social, recreational, psychiatric, psychological, economic, and other factors affecting rehabilitation of individuals with disabilities;

(iii) studies and analysis of special problems of individuals who are homebound and individuals who are institutionalized;

(iv) studies, analyses, and demonstrations of architectural and engineering design adapted to meet the special needs of individuals with disabilities;

(v) studies, analyses, and other activities related to supported employment;

(vi) related activities which hold promise of increasing knowledge and improving methods in the rehabilitation of individuals with disabilities and individuals with the most significant disabilities, particularly individuals with disabilities, and individuals with the most significant

disabilities, who are members of populations that are unserved or underserved by programs under this Act; and

(vii) studies, analyses, and other activities related to job accommodations, including the use of rehabilitation engineering and assistive technology.

(b)(1) In addition to carrying out projects under subsection (a), the Director may make grants under this subsection (referred to in this subsection as 'research grants') to pay part or all of the cost of the research or other specialized covered activities described in paragraphs (2) through (18). A research grant made under any of paragraphs (2) through (18) may only be used in a manner consistent with priorities established in the 5-year plan described in section 202(h).

(2)(A) Research grants may be used for the establishment and support of Rehabilitation Research and Training Centers, for the purpose of providing an integrated program of research, which Centers shall--

(i) be operated in collaboration with institutions of higher education or providers of rehabilitation services or other appropriate services; and

(ii) serve as centers of national excellence and national or regional resources for providers and individuals with disabilities and the individuals' representatives.

(B) The Centers shall conduct research and training activities by--

(i) conducting coordinated and advanced programs of research in rehabilitation targeted toward the production of new knowledge that will improve rehabilitation methodology and service delivery systems, alleviate or stabilize disabling conditions, and promote maximum social and economic independence of individuals with disabilities, especially promoting the ability of the individuals to prepare for, secure, retain, regain, or advance in employment;

(ii) providing training (including graduate, pre-service, and in-service training) to assist individuals to more effectively provide rehabilitation services;

(iii) providing training (including graduate, pre-service, and in-service training) for rehabilitation research personnel and other rehabilitation personnel; and

(iv) serving as an informational and technical assistance resource to providers, individuals with disabilities, and the individuals' representatives, through conferences, workshops, public education programs, in-service training programs, and similar activities.

(C) The research to be carried out at each such Center may include--

(i) basic or applied medical rehabilitation research;

(ii) research regarding the psychological and social aspects of rehabilitation, including disability policy;

(iii) research related to vocational rehabilitation;

(iv) continuation of research that promotes the emotional, social, educational, and functional growth of children who are individuals with disabilities;

(v) continuation of research to develop and evaluate interventions, policies, and services that support families of those children and adults who are individuals with disabilities; and

(vi) continuation of research that will improve services and policies that foster the productivity, independence, and social integration of individuals with disabilities, and enable individuals with disabilities, including individuals with mental retardation and other developmental disabilities, to live in their communities.

(D) Training of students preparing to be rehabilitation personnel shall be an important priority for such a Center.

(E) The Director shall make grants under this paragraph to establish and support both comprehensive centers dealing with multiple disabilities and centers primarily focused on particular disabilities.

(F) Grants made under this paragraph may be used to provide funds for services rendered by such a Center to individuals with disabilities in connection with the research and training activities.

(G) Grants made under this paragraph may be used to provide faculty support for teaching--

(i) rehabilitation-related courses of study for credit; and

(ii) other courses offered by the Centers, either directly or through another entity.

(H) The research and training activities conducted by such a Center shall be conducted in a manner that is accessible to and usable by individuals with disabilities.

(I) The Director shall encourage the Centers to develop practical applications for the findings of the research of the Centers.

(J) In awarding grants under this paragraph, the Director shall take into consideration the location of any proposed Center and the appropriate geographic and regional allocation of such Centers.

(K) To be eligible to receive a grant under this paragraph, each such institution or provider described in subparagraph (A) shall--

(i) be of sufficient size, scope, and quality to effectively carry out the activities in an efficient manner consistent with appropriate State and Federal law; and

(ii) demonstrate the ability to carry out the training activities either directly or through another entity that can provide such training.

(L) The Director shall make grants under this paragraph for periods of 5 years, except that the Director may make a grant for a period of less than 5 years if--

(i) the grant is made to a new recipient; or

(ii) the grant supports new or innovative research.

(M) Grants made under this paragraph shall be made on a competitive basis. To be eligible to receive a grant under this paragraph, a prospective grant recipient shall submit an application to the Director at such time, in such manner, and containing such information as the Director may require.

(N) In conducting scientific peer review under section 202(f) of an application for the renewal of a grant made under this paragraph, the peer review panel shall take into account the past performance of the applicant in carrying out the grant and input from individuals with disabilities and the individuals' representatives.

(O) An institution or provider that receives a grant under this paragraph to establish such a Center may not collect more than 15 percent of the amount of the grant received by the Center in indirect cost charges.

(3)(A) Research grants may be used for the establishment and support of Rehabilitation Engineering Research Centers, operated by or in collaboration with institutions of higher education or nonprofit organizations, to conduct research or demonstration activities, and training activities, regarding rehabilitation technology, including rehabilitation engineering, assistive technology devices, and assistive technology services, for the purposes of enhancing opportunities for better meeting the needs of, and addressing the barriers confronted by, individuals with disabilities in all aspects of their lives.

(B) In order to carry out the purposes set forth in subparagraph (A), such a Center shall carry out the research or demonstration activities by--

(i) developing and disseminating innovative methods of applying advanced technology, scientific achievement, and psychological and social knowledge to--

(I) solve rehabilitation problems and remove environmental barriers through planning and conducting research, including cooperative research with public or private agencies and organizations, designed to produce new scientific knowledge, and new or improved methods, equipment, and devices; and

(II) study new or emerging technologies, products, or environments, and the effectiveness and benefits of such technologies, products, or environments;

(ii) demonstrating and disseminating--

(I) innovative models for the delivery, to rural and urban areas, of cost-effective rehabilitation technology services that promote utilization of assistive technology devices; and

(II) other scientific research to assist in meeting the employment and independent living needs of individuals with significant disabilities; or

(iii) conducting research or demonstration activities that facilitate service delivery systems change by demonstrating, evaluating, documenting, and disseminating--

(I) consumer responsive and individual and family-centered innovative models for the delivery to both rural and urban areas, of innovative cost-effective rehabilitation technology services that promote utilization of rehabilitation technology; and

(II) other scientific research to assist in meeting the employment and independent living needs of, and addressing the barriers confronted by, individuals with disabilities, including individuals with significant disabilities.

(C) To the extent consistent with the nature and type of research or demonstration activities described in subparagraph (B), each Center established or supported through a grant made available under this paragraph shall--

(i) cooperate with programs established under the Technology-Related Assistance for Individuals With Disabilities Act of 1988 (29 U.S.C. 2201 et seq.) and other regional and local programs to provide information to individuals with disabilities and the individuals' representatives to--

(I) increase awareness and understanding of how rehabilitation technology can address their needs; and

(II) increase awareness and understanding of the range of options, programs, services, and resources available, including financing options for the technology and services covered by the area of focus of the Center;

(ii) provide training opportunities to individuals, including individuals with disabilities, to become researchers of rehabilitation technology and practitioners of rehabilitation technology in conjunction with institutions of higher education and nonprofit organizations; and

(iii) respond, through research or demonstration activities, to the needs of individuals with all types of disabilities who may benefit from the application of technology within the area of focus of the Center.

(D)(i) In establishing Centers to conduct the research or demonstration activities described in subparagraph (B)(iii), the Director may establish one Center in each of the following areas of focus:

(I) Early childhood services, including early intervention and family support.

(II) Education at the elementary and secondary levels, including transition from school to postschool activities.

(III) Employment, including supported employment, and reasonable accommodations and the reduction of environmental barriers as required by the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and title V.

(IV) Independent living, including transition from institutional to community living, maintenance of community living on leaving the work force, self-help skills, and activities of daily living.

(ii) Each Center conducting the research or demonstration activities described in subparagraph (B)(iii) shall have an advisory committee, of which the majority of members are individuals with disabilities who are users of rehabilitation technology, and the individuals' representatives.

(E) Grants made under this paragraph shall be made on a competitive basis and shall be for a period of 5 years, except that the Director may make a grant for a period of less than 5 years if--

(i) the grant is made to a new recipient; or

(ii) the grant supports new or innovative research. (F) To be eligible to receive a grant under this paragraph, a prospective grant recipient shall submit an application to the Director at such time, in such manner, and containing such information as the Director may require.

(G) Each Center established or supported through a grant made available under this paragraph shall--

(i) cooperate with State agencies and other local, State, regional, and national programs and organizations developing or delivering rehabilitation technology, including State programs funded under the Technology-Related Assistance for Individuals With Disabilities Act of 1988 (29 U.S.C. 2201 et seq.); and

(ii) prepare and submit to the Director as part of an application for continuation of a grant, or as a final report, a report that documents the outcomes of the program of the Center in terms of both short- and long-term impact on the lives of individuals with disabilities, and such other information as may be requested by the Director.

(4)(A) Research grants may be used to conduct a program for spinal cord injury research, including conducting such a program by making grants to public or private agencies and organizations to pay part or all of the costs of special projects and demonstration projects for spinal cord injuries, that will--

(i) ensure widespread dissemination of research findings among all Spinal Cord Injury Centers, to rehabilitation practitioners, individuals with spinal cord injury, the individuals' representatives, and organizations receiving financial assistance under this paragraph;

(ii) provide encouragement and support for initiatives and new approaches by individual and institutional investigators; and

(iii) establish and maintain close working relationships with other governmental and voluntary institutions and organizations engaged in similar efforts in order to unify and coordinate scientific efforts, encourage joint planning, and promote the interchange of data and reports among spinal cord injury investigations.

(B) Any agency or organization carrying out a project or demonstration project assisted by a grant under this paragraph that provides services to individuals with spinal cord injuries shall--

(i) establish, on an appropriate regional basis, a multidisciplinary system of providing vocational and other rehabilitation services, specifically designed to meet the special needs of individuals with spinal cord injuries, including acute care as well as periodic inpatient or outpatient followup and services;

(ii) demonstrate and evaluate the benefits to individuals with spinal cord injuries served in, and the degree of cost-effectiveness of, such a regional system;

(iii) demonstrate and evaluate existing, new, and improved methods and rehabilitation technology essential to the care, management, and rehabilitation of individuals with spinal cord injuries; and

(iv) demonstrate and evaluate methods of community outreach for individuals with spinal cord injuries and community education in connection with the problems of such individuals in areas such as housing, transportation, recreation, employment, and community activities.

(C) In awarding grants under this paragraph, the Director shall take into account the location of any proposed Spinal Cord Injury Center and the appropriate geographic and regional allocation of such Centers.

(5) Research grants may be used to conduct a program for end-stage renal disease research, to include support of projects and demonstrations for providing special services (including

transplantation and dialysis), artificial kidneys, and supplies necessary for the rehabilitation of individuals with such disease and which will--

(A) ensure dissemination of research findings;

(B) provide encouragement and support for initiatives and new approaches by individuals and institutional investigators; and

(C) establish and maintain close working relationships with other governmental and voluntary institutions and organizations engaged in similar efforts, in order to unify and coordinate scientific efforts, encourage joint planning, and promote the interchange of data and reports among investigators in the field of end-stage renal disease. No person shall be selected to participate in such program who is eligible for services for such disease under any other provision of law.

(6) Research grants may be used to conduct a program for international rehabilitation research, demonstration, and training for the purpose of developing new knowledge and methods in the rehabilitation of individuals with disabilities in the United States, cooperating with and assisting in developing and sharing information found useful in other nations in the rehabilitation of individuals with disabilities, and initiating a program to exchange experts and technical assistance in the field of rehabilitation of individuals with disabilities with other nations as a means of increasing the levels of skill of rehabilitation personnel.

(7) Research grants may be used to conduct a research program concerning the use of existing telecommunications systems (including telephone, television, satellite, radio, and other similar systems) which have the potential for substantially improving service delivery methods, and the development of appropriate programming to meet the particular needs of individuals with disabilities.

(8) Research grants may be used to conduct a program of joint projects with the National Institutes of Health, the National Institute of Mental Health, the Health Services Administration, the Administration on Aging, the National Science Foundation, the Veterans' Administration, the Department of Health and Human Services, the National Aeronautics and Space Administration, other Federal agencies, and private industry in areas of joint interest involving rehabilitation.

(9) Research grants may be used to conduct a program of research related to the rehabilitation of children, or older individuals, who are individuals with disabilities, including older American Indians who are individuals with disabilities. Such research program may include projects designed to assist the adjustment of, or maintain as residents in the community, older workers who are individuals with disabilities on leaving the work force.

(10) Research grants may be used to conduct a research program to develop and demonstrate innovative methods to attract and retain professionals to serve in rural areas in the rehabilitation of individuals with disabilities, including individuals with significant disabilities.

(11) Research grants may be used to conduct a model research and demonstration project designed to assess the feasibility of establishing a center for producing and distributing to individuals who are deaf or hard of hearing captioned video cassettes providing a broad range of educational, cultural, scientific, and vocational programming.

(12) Research grants may be used to conduct a model research and demonstration program to develop innovative methods of providing services for preschool age children who are individuals with disabilities, including--

(A) early intervention, assessment, parent counseling, infant stimulation, early identification, diagnosis, and evaluation of children who are individuals with significant disabilities up to the age of five, with a special emphasis on children who are individuals with significant disabilities up to the age of three;

(B) such physical therapy, language development, pediatric, nursing, psychological, and psychiatric services as are necessary for such children; and

(C) appropriate services for the parents of such children, including psychological and psychiatric services, parent counseling, and training.

(13) Research grants may be used to conduct a model research and training program under which model training centers shall be established to develop and use more advanced and effective methods of evaluating and addressing the employment needs of individuals with disabilities, including programs that--

(A) provide training and continuing education for personnel involved with the employment of individuals with disabilities;

(B) develop model procedures for testing and evaluating the employment needs of individuals with disabilities;

(C) develop model training programs to teach individuals with disabilities skills which will lead to appropriate employment;

(D) develop new approaches for job placement of individuals with disabilities, including new followup procedures relating to such placement;

(E) provide information services regarding education, training, employment, and job placement for individuals with disabilities; and

(F) develop new approaches and provide information regarding job accommodations, including the use of rehabilitation engineering and assistive technology.

(14) Research grants may be used to conduct a rehabilitation research program under which financial assistance is provided in order to--

(A) test new concepts and innovative ideas;

(B) demonstrate research results of high potential benefits;

(C) purchase prototype aids and devices for evaluation;

(D) develop unique rehabilitation training curricula; and

(E) be responsive to special initiatives of the Director. No single grant under this paragraph may exceed \$50,000 in any fiscal year and all payments made under this paragraph in any fiscal year may not exceed 5 percent of the amount available for this section to the National Institute on Disability and Rehabilitation Research in any fiscal year. Regulations and administrative procedures with respect to financial assistance under this paragraph shall, to the maximum extent possible, be expedited.

(15) Research grants may be used to conduct studies of the rehabilitation needs of American Indian populations and of effective mechanisms for the delivery of rehabilitation services to Indians residing on and off reservations.

(16) Research grants may be used to conduct a demonstration program under which one or more projects national in scope shall be established to develop procedures to provide incentives for the development, manufacturing, and marketing of orphan technological devices, including technology transfer concerning such devices, designed to enable individuals with disabilities to achieve independence and access to gainful employment.

(17)(A) Research grants may be used to conduct a research program related to quality assurance in the area of rehabilitation technology.

(B) Activities carried out under the research program may include--

(i) the development of methodologies to evaluate rehabilitation technology products and services and the dissemination of the methodologies to consumers and other interested parties;

(ii) identification of models for service provider training and evaluation and certification of the effectiveness of the models;

(iii) identification and dissemination of outcome measurement models for the assessment of rehabilitation technology products and services; and

(iv) development and testing of research-based tools to enhance consumer decision making about rehabilitation technology products and services.

(18) Research grants may be used to provide for research and demonstration projects and related activities that explore the use and effectiveness of specific alternative or complementary medical practices for individuals with disabilities. Such projects and activities may include projects and activities designed to--

(A) determine the use of specific alternative or complementary medical practices among individuals with disabilities and the perceived effectiveness of the practices;

(B) determine the specific information sources, decisionmaking methods, and methods of payment used by individuals with disabilities who access alternative or complementary medical services;

(C) develop criteria to screen and assess the validity of research studies of such practices for individuals with disabilities; and

(D) determine the effectiveness of specific alternative or complementary medical practices that show promise for promoting increased functioning, prevention of secondary disabilities, or other positive outcomes for individuals with certain types of disabilities, by conducting controlled research studies.

(c)(1) In carrying out evaluations of covered activities under this section, the Director is authorized to make arrangements for site visits to obtain information on the accomplishments of the projects.

(2) The Director shall not make a grant under this section that exceeds \$500,000 unless the peer review of the grant application has included a site visit.

Rehabilitation Research Advisory Council

Sec. 205.

(a) Establishment

Subject to the availability of appropriations, the Secretary shall establish in the Department of Education a Rehabilitation Research Advisory Council (referred to in this section as the "Council") composed of 12 members appointed by the Secretary.

(b) Duties

The Council shall advise the Director with respect to research priorities and the development and revision of the 5-year plan required by section 202(h).

(c) Qualifications

Members of the Council shall be generally representative of the community of rehabilitation professionals, the community of rehabilitation researchers, the community of individuals with disabilities, and the individuals' representatives. At least one-half of the members shall be individuals with disabilities or the individuals' representatives.

(d) Terms of Appointment

(1) Length of term

Each member of the Council shall serve for a term of up to 3 years, determined by the Secretary, except that--

(A) a member appointed to fill a vacancy occurring prior to the expiration of the term for which a predecessor was appointed, shall be appointed for the remainder of such term; and

(B) the terms of service of the members initially appointed shall be (as specified by the Secretary) for such fewer number of years as will provide for the expiration of terms on a staggered basis.

(2) Number of terms

No member of the Council may serve more than two consecutive full terms. Members may serve after the expiration of their terms until their successors have taken office.

(e) Vacancies

Any vacancy occurring in the membership of the Council shall be filled in the same manner as the original appointment for the position being vacated. The vacancy shall not affect the power of the remaining members to execute the duties of the Council.

(f) Payment and Expenses

(1) Payment

Each member of the Council who is not an officer or full-time employee of the Federal Government shall receive a payment of \$150 for each day (including travel time) during which

the member is engaged in the performance of duties for the Council. All members of the Council who are officers or full-time employees of the United States shall serve without compensation in addition to compensation received for their services as officers or employees of the United States.

(2) Travel expenses

Each member of the Council may receive travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of title 5, United States Code, for employees serving intermittently in the Government service, for each day the member is engaged in the performance of duties away from the home or regular place of business of the member.

(g) Detail of Federal Employees

On the request of the Council, the Secretary may detail, with or without reimbursement, any of the personnel of the Department of Education to the Council to assist the Council in carrying out its duties. Any detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

(h) Technical Assistance

On the request of the Council, the Secretary shall provide such technical assistance to the Council as the Council determines to be necessary to carry out its duties.

(i) Termination

Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply with respect to the Council.



REHABILITATION SERVICES

*Services of the West Virginia Division of Rehabilitation Services
are provided on a non-discriminatory basis
without regard to race, color, sex, age, creed, disability or national origin.*

For More Information

**Contact Your Local Office
or Telephone Toll-Free**

1-800-642-8207

TITLES III, IV, V, VI, and VII

of the

REHABILITATION ACT

VOLUME 2 of 2

State Department of Education and the Arts
Division of Rehabilitation Services
James S. Jeffers, Director



NOTICE

This document includes the text of Titles III, IV, V, VI, and VII of the Rehabilitation Act of 1973, as amended.

It is provided as a public service.

It is intended only for the information of interested citizens.

It is not intended to be and should not be relied on as an authoritative reference for litigation or for other legal matters.

Persons desiring to consult or cite an authoritative reference should obtain the advice of a qualified attorney.

TABLE OF CONTENTS

Volume 2

(See Volume 1 for Titles I and II)

TITLE III - PROFESSIONAL DEVELOPMENT AND SPECIAL PROJECTS AND DEMONSTRATIONS

<i>Sec. 301.</i> Declaration of Purpose and Competitive Basis of Grants and Contracts	116
<i>Sec. 302.</i> Training	117
<i>Sec. 303.</i> Demonstration and Training Programs	124
<i>Sec. 304.</i> Migrant and Seasonal Farmworkers	132
<i>Sec. 305.</i> Recreational Programs	133
<i>Sec. 306.</i> Measuring of Project Outcomes and Performance	135

TITLE IV- NATIONAL COUNCIL ON DISABILITY

<i>Sec. 400.</i> Establishment of National Council on Disability	137
<i>Sec. 401.</i> Duties of National Council	138
<i>Sec. 402.</i> Compensation of National Council Members	140
<i>Sec. 403.</i> Staff of National Council	140
<i>Sec. 404.</i> Administrative Powers of National Council	141
<i>Sec. 405.</i> Authorization of Appropriations	141

TITLE V- RIGHTS AND ADVOCACY

<i>Sec. 501.</i> Employment of Individuals with Disabilities	143
<i>Sec. 502.</i> Architectural and Transportation Barriers Compliance Board	145
<i>Sec. 503.</i> Employment Under Federal Contracts	151
<i>Sec. 504.</i> Nondiscrimination Under Federal Grants and Programs	152
<i>Sec. 505.</i> Remedies and Attorneys' Fees	154
<i>Sec. 506.</i> Secretarial Responsibilities	154
<i>Sec. 507.</i> Interagency Disability Coordinating Council	155
<i>Sec. 508.</i> Electronic and Information Technology Accessibility Guidelines	156
<i>Sec. 509.</i> Protection and Advocacy of Individuals Rights	160

TITLE VI - EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

<i>Sec. 601.</i> Short Title	166
------------------------------------	-----

Part A - Projects With Industry

<i>Sec. 611. Projects With Industry</i>	<i>166</i>
<i>Sec. 612. Authorization of Appropriations</i>	<i>170</i>

Part B - Supported Employment Services for Individuals With the Most Significant Disability

<i>Sec. 621. Purpose</i>	<i>170</i>
<i>Sec. 622. Allotments</i>	<i>170</i>
<i>Sec. 623. Availability of Services</i>	<i>171</i>
<i>Sec. 624. Eligibility</i>	<i>172</i>
<i>Sec. 625. State Plan</i>	<i>172</i>
<i>Sec. 626. Restriction</i>	<i>174</i>
<i>Sec. 627. Savings Provision.....</i>	<i>174</i>
<i>Sec. 628. Authorization of Appropriations</i>	<i>174</i>

TITLE VII - INDEPENDENT LIVING SERVICES AND CENTERS FOR INDEPENDENT LIVING

CHAPTER 1 - INDIVIDUALS WITH SIGNIFICANT DISABILITIES

Part A - General Provisions

<i>Sec. 701. Purpose</i>	<i>175</i>
<i>Sec. 702. Definitions.....</i>	<i>175</i>
<i>Sec. 703. Eligibility for Receipt of Services.....</i>	<i>176</i>
<i>Sec. 704. State Plan</i>	<i>176</i>
<i>Sec. 705. Independent Living Council.....</i>	<i>180</i>
<i>Sec. 706. Responsibilities of the Commissioner</i>	<i>184</i>

Part B - Services for Independent Living

<i>Sec. 711. Allotments</i>	<i>186</i>
<i>Sec. 712. Payments to States from Allotments</i>	<i>187</i>
<i>Sec. 713. Authorized Uses of Funds.....</i>	<i>188</i>
<i>Sec. 714. Authorization of Appropriations</i>	<i>188</i>

Part C - Centers for Independent Living

<i>Sec. 721. Program Authorization</i>	189
<i>Sec. 722. Grants to Centers for Independent Living in States in Which Federal Funding Exceeds State Funding</i>	192
<i>Sec. 723. Grants to Centers for Independent living in States in Which State Funding Equals or Exceeds Federal Funding</i>	195
<i>Sec. 724. Centers Operated by State Agencies</i>	199
<i>Sec. 725. Standards and Assurances for Centers for Independent Living</i>	200
<i>Sec. 726. Definitions</i>	203
<i>Sec. 727. Authorization of Appropriations</i>	203

CHAPTER 2 - INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

<i>Sec. 751. Definition</i>	203
<i>Sec. 752. Program of Grants</i>	203
<i>Sec. 753. Authorization of Appropriations</i>	209

TITLE III--PROFESSIONAL DEVELOPMENT AND SPECIAL PROJECTS AND DEMONSTRATIONS

Sec. 301. Declaration of Purpose and Competitive Basis of Grants and Contracts

(a) Purpose

It is the purpose of this title to authorize grants and contracts to--

(1)(A) provide academic training to ensure that skilled personnel are available to provide rehabilitation services to individuals with disabilities through vocational, medical, social, and psychological rehabilitation programs (including supported employment programs), through economic and business development programs, through independent living services programs, and through client assistance programs; and

(B) provide training to maintain and upgrade basic skills and knowledge of personnel (including personnel specifically trained to deliver services to individuals with disabilities whose employment outcome is self-employment or telecommuting) employed to provide state-of-the-art service delivery and rehabilitation technology services;

(2) conduct special projects and demonstrations that expand and improve the provision of rehabilitation and other services (including those services provided through community rehabilitation programs) authorized under this Act, or that otherwise further the purposes of this Act, including related research and evaluation;

(3) provide vocational rehabilitation services to individuals with disabilities who are migrant or seasonal farmworkers;

(4) initiate recreational programs to provide recreational activities and related experiences for individuals with disabilities to aid such individuals in employment, mobility, socialization, independence, and community integration; and

(5) provide training and information to individuals with disabilities and the individuals' representatives, and other appropriate parties to develop the skills necessary for individuals with disabilities to gain access to the rehabilitation system and statewide workforce investment systems and to become active decisionmakers in the rehabilitation process.

(b) Competitive Basis of Grants and Contracts

The Secretary shall ensure that all grants and contracts are awarded under this title on a competitive basis.

Sec. 302. Training

(a) Grants and Contracts for Personnel Training

(1) Authority

The Commissioner shall make grants to, and enter into contracts with, States and public or nonprofit agencies and organizations (including institutions of higher education) to pay part of the cost of projects to provide training, traineeships, and related activities, including the provision of technical assistance, that are designed to assist in increasing the numbers of, and upgrading the skills of, qualified personnel (especially rehabilitation counselors) who are trained in providing vocational, medical, social, and psychological rehabilitation services, who are trained to assist individuals with communication and related disorders, who are trained to provide other services provided under this Act, to individuals with disabilities, and who may include--

(A) personnel specifically trained in providing employment assistance to individuals with disabilities through job development and job placement services;

(B) personnel specifically trained to identify, assess, and meet the individual rehabilitation needs of individuals with disabilities, including needs for rehabilitation technology;

(C) personnel specifically trained to deliver services to individuals who may benefit from receiving independent living services;

(D) personnel specifically trained to deliver services in the client assistance programs;

(E) personnel specifically trained to deliver services, through supported employment programs, to individuals with a most significant disability; and

(F) personnel specifically trained to deliver services to individuals with disabilities pursuing self-employment, business ownership, and telecommuting; and

(G) personnel trained in performing other functions necessary to the provision of vocational, medical, social, and psychological rehabilitation services, and other services provided under this Act.

(2) Authority to provide scholarships

Grants and contracts under paragraph (1) may be expended for scholarships and may include necessary stipends and allowances.

(3) Related federal statutes

In carrying out this subsection, the Commissioner may make grants to and enter into contracts with States and public or nonprofit agencies and organizations, including institutions of higher education, to furnish training regarding provisions of Federal statutes, including section 504, title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.), and the provisions of titles II and XVI of the Social Security Act (42 U.S.C. 401 et seq. and 1381 et seq.), that are related to work incentives for individuals with disabilities.

(4) Training for statewide workforce systems personnel

The Commissioner may make grants to and enter into contracts under this subsection with States and public or nonprofit agencies and organizations, including institutions of higher education, to furnish training to personnel providing services to individuals with disabilities under title I of the Workforce Investment Act of 1998. Under this paragraph, personnel may be trained--

(A) in evaluative skills to determine whether an individual with a disability may be served by the State vocational rehabilitation program or another component of a statewide workforce investment system; or

(B) to assist individuals with disabilities seeking assistance through one-stop delivery systems described in section 134(c) of the Workforce Investment Act of 1998.

(5) Joint funding

Training and other activities provided under paragraph (4) for personnel may be jointly funded with the Department of Labor, using funds made available under title I of the Workforce Investment Act of 1998.

(b) Grants and Contracts for Academic Degrees and Academic Certificate Granting Training Projects

(1) Authority

(A) In general

The Commissioner may make grants to, and enter into contracts with, States and public or nonprofit agencies and organizations (including institutions of higher education) to pay part of the costs of academic training projects to provide training that leads to an academic degree or academic certificate. In making such grants or entering into such contracts, the Commissioner shall target funds to areas determined under subsection (e) to have shortages of qualified personnel.

(B) Types of projects -----

Academic training projects described in this subsection may include--

(i) projects to train personnel in the areas of assisting and supporting individuals with disabilities pursuing self-employment, business ownership, and telecommuting, and of vocational rehabilitation counseling, rehabilitation technology, rehabilitation medicine, rehabilitation nursing, rehabilitation social work, rehabilitation psychiatry, rehabilitation psychology, rehabilitation dentistry, physical therapy, occupational therapy, speech pathology and audiology, physical education, therapeutic recreation, community rehabilitation programs, or prosthetics and orthotics;

(ii) projects to train personnel to provide--

(I) services to individuals with specific disabilities or individuals with disabilities who have specific impediments to rehabilitation, including individuals who are members of populations that are unserved or underserved by programs under this Act;

(II) job development and job placement services to individuals with disabilities;

(III) supported employment services, including services of employment specialists for individuals with disabilities;

(IV) specialized services for individuals with significant disabilities; or

(V) recreation for individuals with disabilities;

(iii) projects to train personnel in other fields contributing to the rehabilitation of individuals with disabilities; and

(iv) projects to train personnel in the use, applications, and benefits of rehabilitation technology.

(2) Application

No grant shall be awarded or contract entered into under this subsection unless the applicant has submitted to the Commissioner an application at such time, in such form, in accordance with such procedures, and including such information as the Secretary may require, including--

(A) a description of how the designated State unit or units will participate in the project to be funded under the grant or contract, including, as appropriate, participation on advisory committees, as practicum sites, in curriculum development, and in other ways so as to build closer relationships between the applicant and the designated State unit and to encourage students to pursue careers in public vocational rehabilitation programs;

(B) the identification of potential employers that provide employment that meets the requirements of paragraph (5)(A)(i); and

(C) an assurance that data on the employment of graduates or trainees who participate in the project is accurate.

(3) Limitation

(A) In general

Except as provided in subparagraph (B), no grant or contract under this subsection may be used to provide any one course of study to an individual for a period of more than 4 years.

(B) Exception

If a grant or contract recipient under this subsection determines that an individual has a disability which seriously affects the completion of training under this subsection, the grant or contract recipient may extend the period referred to in subparagraph (A).

(4) Authority to provide scholarships

Grants and contracts under paragraph (1) may be expanded to provide services that include the provision of scholarships and necessary stipends and allowances.

(5) Agreements

(A) Contents

A recipient of a grant or contract under this subsection shall provide assurances to the Commissioner that each individual who receives a scholarship, for any academic year beginning after June 1, 1992, utilizing funds provided under such grant or contract shall enter into an agreement with the recipient under which the individual shall--

(i) maintain employment--

(I) in a nonprofit rehabilitation agency or related agency or in a State rehabilitation agency or related agency, including a professional corporation or professional practice group through which the individual has a service arrangement with the designated State agency;

(II) on a full- or part-time basis; and

(III) for a period of not less than the full-time equivalent of 2 years for each year for which assistance under this section was received by the individual, within a period, beginning after the recipient completes the training for which the scholarship was awarded, of not more than the sum of the number of years in the period described in subclause (III) and 2 additional years; and

(ii) repay all or part of any scholarship received, plus interest, if the individual does not fulfill the requirements of clause (i), except as the Commissioner by regulation may provide for repayment exceptions and deferrals.

(B) Enforcement

The Commissioner shall be responsible for the enforcement of each agreement entered into under subparagraph (A) upon completion of the training involved under such subparagraph.

(c) Grants to Historically Black Colleges and Universities

The Commissioner, in carrying out this section, shall make grants to historically Black colleges and universities and other institutions of higher education whose minority student enrollment is at least 50 percent of the total enrollment of the institution.

(d) Application

A grant may not be awarded to a State or other organization under this section unless the State or organization has submitted an application to the Commissioner at such time, in such form, in accordance with such procedures, and containing such information as the Commissioner may require. Any such application shall include a detailed description of strategies that will be utilized to recruit and train individuals so as to reflect the diverse populations of the United States as part of the effort to increase the number of individuals with disabilities, and individuals who are from linguistically and culturally diverse backgrounds, who are available to provide rehabilitation services.

(e) Evaluation and Collection of Data

The Commissioner shall evaluate the impact of the training programs conducted under this section, and collect information on the training needs of, and data on shortages of qualified personnel necessary to provide services to individuals with disabilities. The Commissioner shall prepare and submit to Congress, by September 30 of each fiscal year, a report setting forth and justifying in detail how the funds made available for training under this section for the fiscal year prior to such submission are allocated by professional discipline and other program areas. The report shall also contain findings on such personnel shortages, how funds proposed for the succeeding fiscal year will be allocated under the President's budget proposal, and how the findings on personnel shortages justify the allocations.

(f) Grants for the Training of Interpreters

(1) Authority

(A) In general

For the purpose of training a sufficient number of qualified interpreters to meet the communications needs of individuals who are deaf or hard of hearing, and individuals who are deaf-blind, the Commissioner, acting through a Federal office responsible for deafness and communicative disorders, may award grants to public or private nonprofit agencies or organizations to pay part of the costs--

(i) for the establishment of interpreter training programs; or

(ii) to enable such agencies or organizations to provide financial assistance for ongoing interpreter training programs.

(B) Geographic areas

The Commissioner shall award grants under this subsection for programs in geographic areas throughout the United States that the Commissioner considers appropriate to best carry out the objectives of this section.

(C) Priority

In awarding grants under this subsection, the Commissioner shall give priority to public or private nonprofit agencies or organizations with existing programs that have a demonstrated capacity for providing interpreter training services.

(D) Funding The Commissioner may award grants under this subsection through the use of--

(i) amounts appropriated to carry out this section; or

(ii) pursuant to an agreement with the Director of the Office of the Special Education Program (established under section 603 of the Individuals with Disabilities Education Act (as amended by section 101 of the Individuals with Disabilities Education Act Amendments of 1997 (Public Law 105-17))), amounts appropriated under section 686 of the Individuals with Disabilities Education Act.

(2) Application

A grant may not be awarded to an agency or organization under paragraph (1) unless the agency or organization has submitted an application to the Commissioner at such time, in such form, in accordance with such procedures, and containing such information as the Commissioner may require, including--

(A) a description of the manner in which an interpreter training program will be developed and operated during the 5-year period following the date on which a grant is received by the applicant under this subsection;

(B) a demonstration of the applicant's capacity or potential for providing training for interpreters for individuals who are deaf or hard of hearing, and individuals who are deaf-blind;

(C) assurances that any interpreter trained or retrained under a program funded under the grant will meet such minimum standards of competency as the Commissioner may establish for purposes of this subsection; and

(D) such other information as the Commissioner may require.

(g) Technical Assistance and In-Service Training

(1) Technical assistance

The Commissioner is authorized to provide technical assistance to State designated agencies and community rehabilitation programs, directly or through contracts with State designated agencies or nonprofit organizations.

(2) Compensation

An expert or consultant appointed or serving under contract pursuant to this section shall be compensated at a rate, subject to approval of the Commissioner, that shall not exceed the daily equivalent of the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of title 5, United States Code. Such an expert or consultant may be allowed travel and transportation expenses in accordance with section 5703 of title 5, United States Code.

(3) In-service training of rehabilitation personnel

(A) Projects

Subject to subparagraph (B), at least 15 percent of the sums appropriated to carry out this section shall be allocated to designated State agencies to be used, directly or indirectly, for projects for in-service training for rehabilitation personnel, consistent with the needs identified through the comprehensive system for personnel development required by section 101(a)(7), including projects designed--

(i) to address recruitment and retention of qualified rehabilitation professionals;

(ii) to provide for succession planning;

(iii) to provide for leadership development and capacity building; and

(iv) for fiscal years 1999 and 2000, to provide training regarding the Workforce Investment Act of 1998 and the amendments to this Act made by the Rehabilitation Act Amendments of 1998.

(B) Limitation

If the allocation to designated State agencies required by subparagraph (A) would result in a lower level of funding for projects being carried out on the date of enactment of the Rehabilitation Act Amendments of 1998 by other recipients of funds under this section, the Commissioner may allocate less than 15 percent of the sums described in subparagraph (A) to designated State agencies for such in-service training.

(h) Provision of Information

The Commissioner, subject to the provisions of section 306, may require that recipients of grants or contracts under this section provide information, including data, with regard to the impact of activities funded under this section.

(i) Authorization of Appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 1999 through 2003.

Sec. 303. Demonstration and Training Programs

(a) Demonstration Projects To Increase Client Choice

(1) Grants

The Commissioner may make grants to States and public or nonprofit agencies and organizations to pay all or part of the costs of projects to demonstrate ways to increase client choice in the rehabilitation process, including the selection of providers of vocational rehabilitation services.

(2) Use of funds

An entity that receives a grant under this subsection shall use the grant only--

(A) for activities that are directly related to planning, operating, and evaluating the demonstration projects; and

(B) to supplement, and not supplant, funds made available from Federal and non-Federal sources for such projects.

(3) Application

Any eligible entity that desires to receive a grant under this subsection shall submit an application at such time, in such manner, and containing such information and assurances as the Commissioner may require, including--

(A) a description of--

(i) how the entity intends to promote increased client choice in the rehabilitation process, including a description, if appropriate, of how an applicant will determine the cost of any service or product offered to an eligible client;

(ii) how the entity intends to ensure that any vocational rehabilitation service or related service is provided by a qualified provider who is accredited or meets such other quality assurance and cost-control criteria as the State may establish; and

(iii) the outreach activities to be conducted by the applicant to obtain eligible clients; and

(B) assurances that a written plan will be established with the full participation of the client, which plan shall, at a minimum, include--

(i) a statement of the vocational rehabilitation goals to be achieved;

(ii) a statement of the specific vocational rehabilitation services to be provided, the projected dates for their initiation, and the anticipated duration of each such service; and

(iii) objective criteria, an evaluation procedure, and a schedule, for determining whether such goals are being achieved.

(4) Award of grants

In selecting entities to receive grants under paragraph (1), the Commissioner shall take into consideration--

(A) the diversity of strategies used to increase client choice, including selection among qualified service providers;

(B) the geographic distribution of projects; and

(C) the diversity of clients to be served.

(5) Records

Entities that receive grants under paragraph (1) shall maintain such records as the Commissioner may require and comply with any request from the Commissioner for such records.

(6) Direct services

At least 80 percent of the funds awarded for any project under this subsection shall be used for direct services, as specifically chosen by eligible clients.

(7) Evaluation

The Commissioner may conduct an evaluation of the demonstration projects with respect to the services provided, clients served, client outcomes obtained, implementation issues addressed, the cost-effectiveness of the project, and the effects of increased choice on clients and service providers. The Commissioner may reserve funds for the evaluation for a fiscal year from the amounts appropriated to carry out projects under this section for the fiscal year.

(8) Definitions

For the purposes of this subsection:

(A) Direct services

The term "direct services" means vocational rehabilitation services, as described in section 103(a).

(B) Eligible client

The term "eligible client" means an individual with a disability, as defined in section 7(20)(A), who is not currently receiving services under an individualized plan for employment established through a designated State unit.

(b) Special Demonstration Programs

(1) Grants; contracts

The Commissioner, subject to the provisions of section 306, may provide grants to, or enter into contracts with, eligible entities to pay all or part of the cost of programs that expand and improve the provision of rehabilitation and other services authorized under this Act or that further the purposes of the Act, including related research and evaluation activities.

(2) Eligible entities; terms and conditions

(A) Eligible entities

To be eligible to receive a grant, or enter into a contract, under paragraph (1), an entity shall be a State vocational rehabilitation agency, community rehabilitation program, Indian tribe or tribal organization, or other public or nonprofit agency or organization, or as the Commissioner determines appropriate, a for-profit organization. The Commissioner may limit competitions to 1 or more types of organizations described in this subparagraph.

(B) Terms and conditions

A grant or contract under paragraph (1) shall contain such terms and conditions as the Commissioner may require.

(3) Application

An eligible entity that desires to receive a grant, or enter into a contract, under paragraph (1) shall submit an application to the Secretary at such time, in such form, and containing such information and assurances as the Commissioner may require, including, if the Commissioner determines appropriate, a description of how the proposed project or demonstration program--

(A) is based on current research findings, which may include research conducted by the National Institute on Disability and Rehabilitation Research, the National Institutes of Health, and other public or private organizations; and

(B) is of national significance.

(4) Types of projects

The programs that may be funded under this subsection may include--

(A) special projects and demonstrations of service delivery;

(B) model demonstration projects;

(C) technical assistance projects;

(D) systems change projects;

(E) special studies and evaluations; and

(F) dissemination and utilization activities.

(5) Priority for competitions

(A) In general

In announcing competitions for grants and contracts under this subsection, the Commissioner shall give priority consideration to--

(i) special projects and demonstration programs of service delivery for adults who are either low-functioning and deaf or low-functioning and hard of hearing;

(ii) supported employment, including community-based supported employment programs to meet the needs of individuals with the most significant disabilities or to provide technical assistance to States and community organizations to improve and expand the provision of supported employment services; and

(iii) model transitional planning services for youths with disabilities.

(B) Additional competitions: In announcing competitions for grants and contracts under this subsection, the Commissioner may require that applicants address 1 or more of the following:

(i) Age ranges.

(ii) Types of disabilities.

(iii) Types of services.

(iv) Models of service delivery.

(v) Stage of the rehabilitation process.

(vi) The needs of underserved populations, unserved and underserved areas, individuals with significant disabilities, low-incidence disability population or individuals residing in federally designated empowerment zones and enterprise communities.

(vii) Expansion of employment opportunities for individuals with disabilities.

(viii) Systems change projects to promote meaningful access of individuals with disabilities to employment-related services under title I of the Workforce Investment Act of 1998 and under other Federal laws.

(ix) Innovative methods of promoting achievement of high-quality employment outcomes.

(x) The demonstration of the effectiveness of early intervention activities in improving employment outcomes.

(xi) Alternative methods of providing affordable transportation services to individuals with disabilities who are employed, seeking employment, or receiving vocational rehabilitation

services from public or private organizations and who reside in geographic areas in which public transportation or paratransit service is not available.

(6) Use of funds for continuation awards

The Commissioner may use funds made available to carry out this section for continuation awards for projects that were funded under sections 12 and 311 (as such sections were in effect on the day before the date of the enactment of the Rehabilitation Act Amendments of 1998).

(c) Parent Information and Training Program

(1) Grants

The Commissioner is authorized to make grants to private nonprofit organizations for the purpose of establishing programs to provide training and information to enable individuals with disabilities, and the parents, family members, guardians, advocates, or other authorized representatives of the individuals to participate more effectively with professionals in meeting the vocational, independent living, and rehabilitation needs of individuals with disabilities. Such grants shall be designed to meet the unique training and information needs of the individuals described in the preceding sentence, who live in the area to be served, particularly those who are members of populations that have been unserved or underserved by programs under this Act.

(2) Use of grants

An organization that receives a grant to establish training and information programs under this subsection shall use the grant to assist individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of the individuals--

- (A) to better understand vocational rehabilitation and independent living programs and services;
- (B) to provide followup support for transition and employment programs;
- (C) to communicate more effectively with transition and rehabilitation personnel and other relevant professionals;
- (D) to provide support in the development of the individualized plan for employment;
- (E) to provide support and expertise in obtaining information about rehabilitation and independent living programs, services, and resources that are appropriate; and
- (F) to understand the provisions of this Act, particularly provisions relating to employment, supported employment, and independent living.

(3) Award of grants

The Commissioner shall ensure that grants under this subsection--

(A) shall be distributed geographically to the greatest extent possible throughout all States; and

(B) shall be targeted to individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of the individuals, in both urban and rural areas or on a State or regional basis.

(4) Eligible organizations

In order to receive a grant under this subsection, an organization--

(A) shall submit an application to the Commissioner at such time, in such manner, and containing such information as the Commissioner may require, including information demonstrating the capacity and expertise of the organization--

(i) to coordinate training and information activities with Centers for Independent Living;

(ii) to coordinate and work closely with parent training and information centers established pursuant to section 682(a) of the Individuals with Disabilities Education Act (as added by section 101 of the Individuals with Disabilities Education Act Amendments of 1997; Public Law 105-17); and

(iii) to effectively conduct the training and information activities authorized under this subsection;

(B)(i) shall be governed by a board of directors--

(I) that includes professionals in the field of vocational rehabilitation; and

(II) on which a majority of the members are individuals with disabilities or the parents, family members, guardians, advocates, or authorized representatives of the individuals; or

(ii)(I) shall have a membership that represents the interests of individuals with disabilities; and

(II) shall establish a special governing committee that meets the requirements specified in subclauses (I) and (II) of clause (i) to operate a training and information program under this subsection; and

(C) shall serve individuals with a full range of disabilities, and the parents, family members, guardians, advocates, or authorized representatives of the individuals.

(5) Consultation

Each organization carrying out a program receiving assistance under this subsection shall consult with appropriate agencies that serve or assist individuals with disabilities, and the parents, family members, guardians, advocates, or authorized representatives of the individuals, located in the jurisdiction served by the program.

(6) Coordination

The Commissioner shall provide coordination and technical assistance by grant or cooperative agreement for establishing, developing, and coordinating the training and information programs. To the extent practicable, such assistance shall be provided by the parent training and information centers established pursuant to section 682(a) of the Individuals with Disabilities Education Act (as added by section 101 of the Individuals with Disabilities Education Act Amendments of 1997; Public Law 105-17).

(7) Review

(A) Quarterly review

The board of directors or special governing committee of an organization receiving a grant under this subsection shall meet at least once in each calendar quarter to review the training and information program, and each such committee shall directly advise the governing board regarding the views and recommendations of the committee.

(B) Review for grant renewal

If a nonprofit private organization requests the renewal of a grant under this subsection, the board of directors or the special governing committee shall prepare and submit to the Commissioner a written review of the training and information program conducted by the organization during the preceding fiscal year.

(d) Braille Training Programs

(1) Establishment

The Commissioner shall make grants to, and enter into contracts with, States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of training in the use of braille for personnel providing vocational rehabilitation services or educational services to youth and adults who are blind.

(2) Projects

Such grants shall be used for the establishment or continuation of projects that may provide--

(A) development of braille training materials;

(B) in-service or pre-service training in the use of braille, the importance of braille literacy, and methods of teaching braille to youth and adults who are blind; and

(C) activities to promote knowledge and use of braille and nonvisual access technology for blind youth and adults through a program of training, demonstration, and evaluation conducted with leadership of experienced blind individuals, including the use of comprehensive, state-of-the-art technology.

(3) Application

To be eligible to receive a grant, or enter into a contract, under paragraph (1), an agency or organization shall submit an application to the Commissioner at such time, in such manner, and containing such information as the Commissioner may require.

(e) Authorization of Appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 1999 through 2003.

Sec. 304. Migrant and Seasonal Farmworkers

(a) Grants

(1) Authority

The Commissioner, subject to the provisions of section 306, may make grants to eligible entities to pay up to 90 percent of the cost of projects or demonstration programs for the provision of vocational rehabilitation services to individuals with disabilities who are migrant or seasonal farmworkers, as determined in accordance with rules prescribed by the Secretary of Labor, and to the family members who are residing with such individuals (whether or not such family members are individuals with disabilities).

(2) Eligible entities

To be eligible to receive a grant under paragraph (1), an entity shall be--

(A) a State designated agency;

(B) a nonprofit agency working in collaboration with a State agency described in subparagraph (A); or

(C) a local agency working in collaboration with a State agency described in subparagraph (A).

(3) Maintenance and transportation

(A) In general

Amounts provided under a grant under this section may be used to provide for the maintenance of and transportation for individuals and family members described in paragraph (1) as necessary for the rehabilitation of such individuals.

(B) Requirement

Maintenance payments under this paragraph shall be provided in a manner consistent with any maintenance payments provided to other individuals with disabilities in the State under this Act.

(4) Assurance of cooperation

To be eligible to receive a grant under this section an entity shall provide assurances (satisfactory to the Commissioner) that in the provision of services under the grant there will be appropriate cooperation between the grantee and other public or nonprofit agencies and organizations having special skills and experience in the provision of services to migrant or seasonal farmworkers or their families.

(5) Coordination with other programs

The Commissioner shall administer this section in coordination with other programs serving migrant and seasonal farmworkers, including programs under title I of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.), section 330 of the Public Health Service Act (42 U.S.C. 254b), the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1801 et seq.), and the Workforce Investment Act of 1998.

(b) Authorization of Appropriations

There are authorized to be appropriated such sums as may be necessary to carry out this section, for each of the fiscal years 1999 through 2003.

Sec. 305. Recreational Programs

(a) Grants

(1) Authority

(A) In general

The Commissioner, subject to the provisions of section 306, shall make grants to States, public agencies, and nonprofit private organizations to pay the Federal share of the cost of the establishment and operation of recreation programs to provide individuals with disabilities with recreational activities and related experiences to aid in the employment, mobility, socialization, independence, and community integration of such individuals.

(B) Recreation programs

The recreation programs that may be funded using assistance provided under a grant under this section may include vocational skills development, leisure education, leisure networking, leisure resource development, physical education and sports, scouting and camping, 4-H activities, construction of facilities for aquatic rehabilitation therapy, music, dancing, handicrafts, art, and homemaking. When possible and appropriate, such programs and activities should be provided in settings with peers who are not individuals with disabilities.

(C) Design of program

Programs and activities carried out under this section shall be designed to demonstrate ways in which such programs assist in maximizing the independence and integration of individuals with disabilities.

(2) Maximum term of grant

A grant under this section shall be made for a period of not more than 3 years.

(3) Availability of nongrant resources

(A) In general

A grant may not be made to an applicant under this section unless the applicant provides assurances that, with respect to costs of the recreation program to be carried out under the grant, the applicant, to the maximum extent practicable, will make available non-Federal resources (in cash or in-kind) to pay the non-Federal share of such costs.

(B) Federal share

The Federal share of the costs of the recreation programs carried out under this section shall be--

(i) with respect to the first year in which assistance is provided under a grant under this section, 100 percent;

(ii) with respect to the second year in which assistance is provided under a grant under this section, 75 percent; and

(iii) with respect to the third year in which assistance is provided under a grant under this section, 50 percent.

(4) Application

To be eligible to receive a grant under this section, a State, agency, or organization shall submit an application to the Commissioner at such time, in such manner, and containing such information as the Commissioner may require, including a description of--

(A) the manner in which the findings and results of the project to be funded under the grant, particularly information that facilitates the replication of the results of such projects, will be made generally available; and

(B) the manner in which the service program funded under the grant will be continued after Federal assistance ends.

(5) Level of services

Recreation programs funded under this section shall maintain, at a minimum, the same level of services over a 3-year project period.

(6) Reports by grantees

(A) Requirement

The Commissioner shall require that each recipient of a grant under this section annually prepare and submit to the Commissioner a report concerning the results of the activities funded under the grant.

(B) Limitation

The Commissioner may not make financial assistance available to a grant recipient for a subsequent year until the Commissioner has received and evaluated the annual report of the recipient under subparagraph (A) for the current year.

(b) Authorization of Appropriations

There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1999 through 2003.

Sec. 306. Measuring of Project Outcomes and Performance

The Commissioner may require that recipients of grants under this title submit information, including data, as determined by the Commissioner to be necessary to measure project outcomes and performance, including any data needed to comply with the Government Performance and Results Act.

TITLE IV--NATIONAL COUNCIL ON DISABILITY

Establishment of National Council on Disability

Sec. 400. (a)(1)

(A) There is established within the Federal Government a National Council on Disability (hereinafter in this title referred to as the "National Council"), which shall be composed of fifteen members appointed by the President, by and with the advice and consent of the Senate.

(B) The President shall select members of the National Council after soliciting recommendations from representatives of--

(i) organizations representing a broad range of individuals with disabilities; and

(ii) organizations interested in individuals with disabilities.

(C) The members of the National Council shall be individuals with disabilities, parents or guardians of individuals with disabilities, or other individuals who have substantial knowledge or experience relating to disability policy or programs. The members of the National Council shall be appointed so as to be representative of individuals with disabilities, national organizations concerned with individuals with disabilities, providers and administrators of services to individuals with disabilities, individuals engaged in conducting medical or scientific research relating to individuals with disabilities, business concerns, and labor organizations. A majority of the members of the National Council shall be individuals with disabilities. The members of the National Council shall be broadly representative of minority and other individuals and groups.

(2) The purpose of the National Council is to promote policies, programs, practices, and procedures that--

(A) guarantee equal opportunity for all individuals with disabilities, regardless of the nature or severity of the disability; and

(B) empower individuals with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society.

(b)(1) Each member of the National Council shall serve for a term of 3 years, except that the terms of service of the members initially appointed after the date of enactment of the Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978 shall be (as specified by the President) for such fewer number of years as will provide for the expiration of terms on a staggered basis.

(2)(A) No member of the National Council may serve more than two consecutive full terms beginning on the date of commencement of the first full term on the Council. Members may serve after the expiration of their terms until their successors have taken office.

(B) As used in this paragraph, the term "full term" means a term of 3 years.

(3) Any member appointed to fill a vacancy occurring before the expiration of the term for which such member's predecessor was appointed shall be appointed only for the remainder of such term.

(c) The President shall designate the Chairperson from among the members appointed to the National Council. The National Council shall meet at the call of the Chairperson, but not less often than four times each year.

(d) Eight members of the National Council shall constitute a quorum and any vacancy in the National Council shall not affect its power to function.

DUTIES OF NATIONAL COUNCIL

Sec. 401. (a) The National Council shall--

(1) provide advice to the Director with respect to the policies and conduct of the National Institute on Disability and Rehabilitation Research, including ways to improve research concerning individuals with disabilities and the methods of collecting and disseminating findings of such research;

(2) provide advice to the Commissioner with respect to the policies of and conduct of the Rehabilitation Services Administration;

(3) advise the President, the Congress, the Commissioner, the appropriate Assistant Secretary of the Department of Education, and the Director of the National Institute on Disability and Rehabilitation Research on the development of the programs to be carried out under this Act;

(4) provide advice regarding priorities for the activities of the Interagency Disability Coordinating Council and review the recommendations of such Council for legislative and administrative changes to ensure that such recommendations are consistent with the purposes of the Council to promote the full integration, independence, and productivity of individuals with disabilities;

(5) review and evaluate on a continuing basis--

(A) policies, programs, practices, and procedures concerning individuals with disabilities conducted or assisted by Federal departments and agencies, including programs established or

assisted under this Act or under the Developmental Disabilities Assistance and Bill of Rights Act; and

(B) all statutes and regulations pertaining to Federal programs which assist such individuals with disabilities;
in order to assess the effectiveness of such policies, programs, practices, procedures, statutes, and regulations in meeting the needs of individuals with disabilities;

(6) assess the extent to which such policies, programs, practices, and procedures facilitate or impede the promotion of the policies set forth in subparagraphs (A) and (B) of section 400(a)(2);

(7) gather information about the implementation, effectiveness, and impact of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.);

(8) make recommendations to the President, the Congress, the Secretary, the Director of the National Institute on Disability and Rehabilitation Research, and other officials of Federal agencies or other Federal entities, respecting ways to better promote the policies set forth in section 400(a)(2);

(9) provide to the Congress on a continuing basis advice, recommendations, legislative proposals, and any additional information that the National Council or the Congress deems appropriate; and

(10) review and evaluate on a continuing basis new and emerging disability policy issues affecting individuals with disabilities at the Federal, State, and local levels, and in the private sector, including the need for and coordination of adult services, access to personal assistance services, school reform efforts and the impact of such efforts on individuals with disabilities, access to health care, and policies that operate as disincentives for the individuals to seek and retain employment.

(b)(1) Not later than October 31, 1998, and annually thereafter, the National Council shall prepare and submit to the President and the appropriate committees of the Congress a report entitled "National Disability Policy: A Progress Report".

(2) The report shall assess the status of the Nation in achieving the policies set forth in section 400(a)(2), with particular focus on the new and emerging issues impacting on the lives of individuals with disabilities. The report shall present, as appropriate, available data on health, housing, employment, insurance, transportation, recreation, training, prevention, early intervention, and education. The report shall include recommendations for policy change.

(3) In determining the issues to focus on and the findings, conclusions, and recommendations to include in the report, the National Council shall seek input from the public, particularly individuals with disabilities, representatives of organizations representing a broad range of

individuals with disabilities, and organizations and agencies interested in individuals with disabilities. =

Compensation of National Council Members

Sec. 402. (a) Members of the National Council shall be entitled to receive compensation at a rate equal to the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of title 5, United States Code, including travel time, for each day they are engaged in the performance of their duties as members of the National Council.

(b) Members of the National Council who are full-time officers or employees of the United States shall receive no additional pay on account of their service on the National Council except for compensation for travel expenses as provided under subsection (c) of this section.

(c) While away from their homes or regular places of business in the performance of services for the National Council, members of the National Council shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under section 5703 of title 5, United States Code.

Staff of National Council

Sec. 403. (a)(1) The Chairperson of the National Council may appoint and remove, without regard to the provisions of title 5, United States Code, governing appointments, the provisions of chapter 75 of such title (relating to adverse actions), the provisions of chapter 77 of such title (relating to appeals), or the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates), an Executive Director to assist the National Council to carry out its duties. The Executive Director shall be appointed from among individuals who are experienced in the planning or operation of programs for individuals with disabilities.

(2) The Executive Director is authorized to hire technical and professional employees to assist the National Council to carry out its duties.

(b)(1) The National Council may procure temporary and intermittent services to the same extent as is authorized by section 3109(b) of title 5, United States Code (but at rates for individuals not to exceed the daily equivalent of the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of title 5, United States Code).

(2) The National Council may--

(A) accept voluntary and uncompensated services, notwithstanding the provisions of section 1342 of title 31, United States Code;

(B) in the name of the Council, solicit, accept, employ, and dispose of, in furtherance of this Act, any money or property, real or personal, or mixed, tangible or nontangible, received by gift, devise, bequest, or otherwise; and

(C) enter into contracts and cooperative agreements with Federal and State agencies, private firms, institutions, and individuals for the conduct of research and surveys, preparation of reports and other activities necessary to the discharge of the Council's duties and responsibilities.

(3) Not more than 10 per centum of the total amounts available to the National Council in each fiscal year may be used for official representation and reception.

(c) The Administrator of General Services shall provide to the National Council on a reimbursable basis such administrative support services as the Council may request.

(d)(1) It shall be the duty of the Secretary of the Treasury to invest such portion of the amounts made available under subsection (a)(2)(B) as is not, in the Secretary's judgment, required to meet current withdrawals. Such investments may be made only in interest-bearing obligations of the United States or in obligations guaranteed as to both principal and interest by the United States.

(2) The amounts described in paragraph (1), and the interest on, and the proceeds from the sale or redemption of, the obligations described in paragraph (1) shall be available to the National Council to carry out this title.

Administrative Powers of National Council

Sec. 404. (a) The National Council may prescribe such bylaws and rules as may be necessary to carry out its duties under this title.

(b) The National Council may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as it deems advisable.

(c) The National Council may appoint advisory committees to assist the National Council in carrying out its duties. The members thereof shall serve without compensation.

(d) The National Council may use the United States mails in the same manner and upon the same conditions as other departments and agencies of the United States.

(e) The National Council may use, with the consent of the agencies represented on the Interagency Disability Coordinating Council, and as authorized in title V, such services, personnel, information, and facilities as may be needed to carry out its duties under this title, with or without reimbursement to such agencies.

Authorization of Appropriations

Sec. 405.

There are authorized to be appropriated to carry out this title such sums as may be necessary for each of the fiscal years 1999 through 2003.

TITLE V - RIGHTS AND ADVOCACY

Employment of Individuals with Disabilities

Sec. 501.(a) There is established within the Federal Government an Interagency Committee on Employees who are Individuals with Disabilities (hereinafter in this section referred to as the "Committee"), comprised of such members as the President may select, including the following (or their designees whose positions are Executive Level IV or higher): the Chairman of the Equal Employment Opportunity Commission, (hereafter in this section referred to as the "Commission"), the Director of the Office of Personnel Management, the Secretary of Veterans Affairs, the Secretary of Labor, the Secretary of Education, and the Secretary of Health and Human Services. Either the Director of the Office of Personnel Management and the Chairman of the Commission shall serve as co-chairpersons of the Committee or the Director or Chairman shall serve as the sole chairperson of the Committee, as the Director and Chairman jointly determine, from time to time, to be appropriate. The resources of the President's Committees on Employment of People With Disabilities and on Mental Retardation shall be made fully available to the Committee. It shall be the purpose and function of the Committee

(1) to provide a focus for Federal and other employment of individuals with disabilities, and to review, on a periodic basis, in cooperation with the Commission, the adequacy of hiring, placement, and advancement practices with respect to individuals with disabilities, by each department, agency, and instrumentality in the executive branch of Government, and to insure that the special needs of such individuals are being met; and

(2) to consult with the Commission to assist the Commission to carry out its responsibilities under subsections (b), (c), and (d) of this section. On the basis of such review and consultation, the Committee shall periodically make to the Commission such recommendations for legislative and administrative changes as it deems necessary or desirable. The Commission shall timely transmit to the appropriate committees of Congress any such recommendation.

(b) Each department, agency, and instrumentality (including the United States Postal Service and Postal Rate Office) in the executive branch shall, within one hundred and eighty days after the date of enactment of this Act, submit to the Commission and to the Committee an affirmative action program plan for the hiring, placement, and advancement of individuals with disabilities in such department, agency, or instrumentality. Such plan shall include a description of the extent to which and methods whereby the special needs of employees who are individuals with disabilities are being met. Such plan shall be updated annually, and shall be reviewed annually and approved by the Commission, if the Commission determines, after consultation with the Committee, that such plan provides sufficient assurances, procedures, and commitments to provide adequate hiring, placement, and advancement opportunities for individuals with disabilities.

(c) The Commission, after consultation with the Committee, shall develop and recommend to the Secretary for referral to the appropriate State agencies, policies and procedures which will facilitate the hiring, placement, and advancement in employment of individuals who have received rehabilitation services under State vocational rehabilitation programs, veterans' programs, or any other program for individuals with disabilities, including the promotion of job opportunities for such individuals. The Secretary shall encourage such State agencies to adopt and implement such policies and procedures.

(d) The Commission, after consultation with the Committee, shall, on June 30, 1974, and at the end of each subsequent fiscal year, make a complete report to the appropriate committees of the Congress with respect to the practices of and achievements in hiring, placement, and advancement of individuals with disabilities by each department, agency, and instrumentality and the effectiveness of the affirmative action programs required by subsection (b) of this section, together with recommendations as to legislation which have been submitted to the Commission under subsection (a) of this section, or other appropriate action to insure the adequacy of such practices. Such report shall also include an evaluation by the Committee of the effectiveness of the activities of the Commission under subsection (b) and (c) of this section.

(e) An individual who, as part of an individualized plan for employment under a State plan approved under this Act, participates in a program of unpaid work experience in a Federal agency, shall not, by reason thereof, be considered to be a Federal employee or to be subject to the provisions of law relating to Federal employment, including those relating to hours of work, rates of compensation, leaves, unemployment compensation, and Federal employee benefits.

(f)(1) The Secretary of Labor and the Secretary of Education are authorized and directed to cooperate with the President's Committee on Employment of People With Disabilities in carry out its functions.

(2) In selecting personnel to fill all positions on the President's Committee on Employment of People With Disabilities, special consideration shall be given to qualified individuals with disabilities.

(g) The standards used to determine whether this section has been violated in a complaint alleging nonaffirmative action employment discrimination under this section shall be the standards applied under title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) and the provisions of sections 501 through 504, and 510, of the Americans with Disabilities Act of 1990 (42 U.S.C. 12201-12204 and 12210), as such sections relate to employment.

Architectural and Transportation Barriers Compliance Board

Sec. 502.(a)(1) There is established within the Federal Government the Architectural and Transportation Barriers Compliance Board (hereinafter referred to as the "Access Board" which shall be composed as follows:

(A) Thirteen members shall be appointed by the President from among members of the general public of whom at least a majority shall be individuals with disabilities.

(B) The remaining members shall be heads of each of the following departments or agencies (or their designees whose positions are executive level IV or higher):

- (i) Department of Health and Human Services.
- (ii) Department of Transportation
- (iii) Department of Housing and Urban Development
- (iv) Department of Labor
- (v) Department of the Interior
- (vi) Department of Defense
- (vii) Department of Justice
- (viii) General Services Administration
- (ix) Department of Veterans Affairs
- (x) United States Postal Service
- (xi) Department of Education
- (xii) Department of Commerce

The chairperson and vice-chairperson of the Access Board shall be elected by majority vote of the members of the Access Board to serve for terms of one year. When the chairperson is a member of the general public, the vice-chairperson shall be a Federal official; and when the chairperson is a Federal official, the vice-chairperson shall be a member of the general public. Upon the expiration of the term as chairperson of a member who is a Federal official, the subsequent chairperson shall be a member of the general public; and vice versa.

(2)(A)(i) The term of office of each appointed member of the Access Board shall be 4 years, except as provided in clause (ii). Each year, the terms of office of at least three appointed members of the Access Board shall expire.

(ii)(I) One member appointed for a term beginning December 4, 1992 shall serve for a term of 3 years.

(II) One member appointed for a term beginning December 4, 1992 shall serve for a term of 2 years.

(III) One member appointed for a term beginning December 4, 1992 shall serve for a term of 1 year.

(IV) Members appointed for terms beginning before December 4, 1992 shall serve for terms of 3 years.

(B) A member whose term has expired may continue to serve until a successor has been appointed.

(C) A member appointed to fill a vacancy shall serve for the remainder of the term to which that member's predecessor was appointed.

(3) If any appointed member of the Access Board becomes a Federal employee, such member may continue as a member of the Access Board for not longer than the sixty-day period beginning on the date the member becomes a Federal employee.

(4) No individual appointed under paragraph (1)(A) of this subsection who has served as a member of the Access Board may be reappointed to the Access Board more than once unless such individual has not served on the Access Board for a period of two years prior to the effective date of such individual's appointment.

(5)(A) Members of the Access Board who are not regular full-time employees of the United States shall, while serving on the business of the Access Board, be entitled to receive compensation at rates fixed by the President, but not to exceed the daily equivalent of the rate of pay for level IV of the Executive Schedule under section 5315 of title 5, United States Code, including travel time, for each day they are engaged in the performance of their duties as members of the Access Board; and shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by them in carrying out their duties under this section.

(B) Members of the Access Board who are employed by the Federal Government shall serve without compensation, but shall be reimbursed for travel, subsistence, and other necessary expenses incurred by them in carrying out their duties under this section.

(6)(A) The Access Board shall establish such bylaws and other rules as may be appropriate to enable the Access Board to carry out its functions under this Act.

(B) The bylaws shall include quorum requirements. The quorum requirements shall provide that (i) a proxy may not be counted for purposes of establishing a quorum, and (ii) not less than half the members required for a quorum shall be members of the general public appointed under paragraph (1)(A).

(b) It shall be the function of the Access Board to -

(1) ensure compliance with the standards prescribed pursuant to the Act entitled "An Act to ensure that certain buildings financed with Federal funds are so designed and constructed as to be accessible to the physically handicapped", approved August 12, 1968, (commonly known as the Architectural Barriers Act of 1968; 42 U.S.C. 4151 et seq.) (including the application of such Act to the United States Postal Service), including enforcing all standards under such Act, and ensuring that all waivers and modifications to the standards are based on findings of fact and are not inconsistent with the provisions of this section;

(2) develop advisory information for, and provide appropriate technical assistance to, individuals or entities with rights or duties under regulations prescribed pursuant to this title or titles II and III of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131 et seq. and 12181 et seq.) with respect to overcoming architectural, transportation, and communication barriers;

(3) establish and maintain--

(A) minimum guidelines and requirements for the standards issued pursuant to the Act commonly known as the Architectural Barriers Act of 1968;

(B) minimum guidelines and requirements for the standards issued pursuant to titles II and III of the Americans with Disabilities Act of 1990;

(C) guidelines for accessibility of telecommunications equipment and customer premises equipment under section 255 of the Telecommunications Act of 1934 (47 U.S.C. 255); and

(D) standards for accessible electronic and information technology under section 508;

(4) promote accessibility throughout all segments of society;

(5) investigate and examine alternative approaches to the architectural, transportation, communication, and attitudinal barriers confronting individuals with disabilities, particularly with respect to telecommunications devices, public buildings and monuments, parks and parklands, public transportation (including air, water, and surface transportation, whether interstate, foreign, intrastate, or local), and residential and institutional housing;

(6) determine what measures are being taken by Federal, State, and local governments and by other public or nonprofit agencies to eliminate the barriers described in paragraph (5);

(7) promote the use of the International Accessibility Symbol in all public facilities that are in compliance with the standards prescribed by the Administrator of General Services, the Secretary of Defense, and the Secretary of Housing and Urban Development pursuant to the Act commonly known as the Architectural Barriers Act of 1968;

(8) make to the President and to the Congress reports that shall describe in detail the results of its investigations under paragraphs (5) and (6);

(9) make to the President and to the Congress such recommendations for legislative changes as the Access Board determines to be necessary or desirable to eliminate the barriers described in paragraph (5);

(10) ensure that public conveyances, including rolling stock, are readily accessible to, and usable by, individuals with physical disabilities; and

(11) carry out the responsibilities specified for the Access Board in section 508.

(c) The Access Board shall also

(1)(A) determine how and to what extent transportation barriers impede the mobility of individuals with disabilities and aged individuals with disabilities and consider ways in which travel expenses in connection with transportation to and from work for individuals with disabilities can be met or subsidized when such individuals are unable to use mass transit systems or need special equipment in private transportation, and

(B) consider the housing needs of individuals with disabilities;

(2) determine what measures are being taken, especially by public and other nonprofit agencies and groups having an interest in and a capacity to deal with such problems,

(A) to eliminate barriers from public transportation systems (including vehicles used in such systems), and to prevent their incorporation in new or expended transportation systems, and

(B) to make housing available and accessible to individuals with disabilities or to meet sheltered housing needs; and (3) prepare plans and proposals for such further actions as may be necessary to the goals of adequate transportation and housing for individuals with disabilities, including proposals for bringing together in a cooperative effort, agencies, organizations, and groups already working toward such goals or whose cooperation is essential to effective and comprehensive action.

(d)(1) The Access Board shall conduct investigations, hold public hearings, and issue such orders as it deems necessary to ensure compliance with the provisions of the Acts cited in subsection

(b). Except as provided in paragraph (3) of subsection (e), the provisions of subchapter II of chapter 5, and chapter 7 of title 5, United States Code, shall apply to procedures under this subsection, and an order of compliance issued by the Access Board shall be the final order for purposes of judicial review. Any such order affecting any Federal department, agency, or instrumentality of the United States shall be final and binding on such department, agency, or instrumentality. An order of compliance may include the withholding or suspension of Federal funds with respect to any building or public conveyance or rolling stock found not to be in compliance with standards enforced under this section. Pursuant to chapter 7 of title 5, United States Code, any complainant or participant in a proceeding under this subsection may obtain review of a final order issued in such proceeding.

(2) The Executive Director is authorized, at the direction of the Access Board -

(A) to bring a civil action in any appropriate United States district court to enforce, in whole or in part, any final order of the Access Board under this subsection; and

(B) to intervene, appear, and participate, or to appear as amicus curiae, in any court of the United States or in any court of a State in civil actions that relate to this section or to the Architectural Barriers Act of 1968. Except as provided in section 518(a) of title 28, United States Code, relating to litigation before the Supreme Court, the executive director may appear for and represent the Access Board in any civil litigation brought under this section.

(e)(1) There shall be appointed by the Access Board an executive director and such other professional and clerical personnel as are necessary to carry out its function under this Act. The Access Board is authorized to appoint as many hearing examiners as are necessary for proceedings required to be conducted under this section. The provisions applicable to hearing examiners appointed under section 3105 of title 5, United States Code, shall apply to hearing examiners appointed under this subsection.

(2) The Executive Director shall exercise general supervision over all personnel employed by the Access Board (other than hearing examiners and their assistants). The Executive Director shall have final authority on behalf of the Access Board, with respect to the investigation of alleged noncompliance and in the issuance of formal complaints before the Access Board, and shall have such other duties as the Access Board may prescribe.

(3) For the purpose of this section, an order of compliance issued by a hearing examiner shall be deemed to be an order of the Access Board and shall be the final order for the purpose of judicial review.

(f)(1)(A) In carrying out the technical assistance responsibilities of the Access Board under this section, the Board may enter into an interagency agreement with another Federal department or agency.

(B) Any funds appropriated to such a department or agency for the purpose of providing technical assistance may be transferred to the Access Board. Any funds appropriated to the Access Board for the purpose of providing such technical assistance may be transferred to such department or agency.

(C) The Access Board may arrange to carry out the technical assistance responsibilities of the Board under this section through such other departments and agencies for such periods as the Board determines to be appropriate.

(D) The Access Board shall establish a procedure to ensure separation of its compliance and technical assistance responsibilities under this section.

(2) The departments or agencies specified in subsection (a) of this section shall make available to the Access Board such technical, administrative, or other assistance as it may require to carry out its functions under this section, and the Access Board may appoint such other advisers, technical experts, and consultants as it deems necessary to assist it in carrying out its functions under this section. Special advisory and technical experts and consultants appointed pursuant to this paragraph shall, while performing their functions under this section, be entitled to receive compensation at rates fixed by the Chairperson, but not exceeding the daily equivalent of the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of title 5, United States Code, including travel time, and while serving away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703 of such title 5 for persons in the Government service employed intermittently.

(g)(1) The Access Board shall, at the end of each fiscal year, report its activities during the preceding fiscal year to the Congress. Such report shall include an assessment of the extent of compliance with the Acts cited in subsection (b) of this section, along with a description and analysis of investigations made and actions taken by the Access Board, and the reports and recommendations described in paragraphs (8) and (9) of such subsection.

(2) The Access Board shall, at the same time that the Access Board transmits the report required under section 7(b) of the Act commonly known as the Architectural Barriers Act of 1968 (42 U.S.C. 4157(b)), transmit the report to the Committee on Education and the Workforce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

(h)(1) The Access Board may make grants to, or enter into contracts with, public or private organizations to carry out its duties under subsections (b) and (c).

(2)(A) The Access Board may accept, hold, administer, and utilize gifts, devises, and bequests of property, both real and personal, for the purpose of aiding and facilitating the functions of the Access Board under paragraphs (2) and (4) of subsection (b). Gifts and bequests of money and proceeds from sales of other property received as gifts, devises, or bequests shall be deposited in the Treasury and shall be disbursed upon the order of the Chairperson. Property accepted pursuant to this section, and the proceeds thereof, shall be used as nearly as possible in accordance with the terms of the gifts, devises, or bequests. For purposes of Federal income, estate, or gift taxes, property accepted under this section shall be considered as a gift, devise, or bequest to the United States.

(B) The Access Board shall publish regulations setting forth the criteria the Board will use in determining whether the acceptance of gifts, devises, and bequests of property, both real and personal, would reflect unfavorably upon the ability of the Board or any employee to carry out the responsibilities or official duties of the Board in a fair and objective manner, or would compromise the integrity of or the appearance of integrity of a Government program or any official involved in that program.

(i) There are authorized to be appropriated for the purpose of carrying out the duties and functions of the Access Board under this section such sums as may be necessary for each of the fiscal years 1999 through 2003.

Employment Under Federal Contracts

Sec. 503.(a) Any contract in excess of \$10,000 entered into by any Federal department or agency for the procurement of personal property and nonpersonal services (including construction) for the United States shall contain a provision requiring that the party contracting with the United States shall take affirmative action to employ and advance in employment qualified individuals with disabilities. The provisions of this section shall apply to any subcontract in excess of \$10,000 entered into by a prime contractor in carrying out any contract for the procurement of personal property and nonpersonal services (including construction) for the United States. The President shall implement the provisions of this section by promulgating regulations within ninety days after the date of enactment of this section.

(b) If any individual with a disability believes any contractor has failed or refused to comply with the provisions of a contract with the United States, relating to employment of individuals with disabilities, such individual may file a complaint with the Department of Labor. The Department shall promptly investigate such complaint and shall take such action thereon as the facts and circumstances warrant, consistent with the terms of such contract and the laws and regulations applicable thereto.

(c)(1) The requirements of this section may be waived, in whole or in part, by the President with respect to a particular contract or subcontract, in accordance with guidelines set forth in regulations which the President shall prescribe, when the President determines that special circumstances in the national interest so require and states in writing the reasons for such determination.

(2)(A) The Secretary of Labor may waive the requirements of the affirmative action clause required by the regulations promulgated under subsection (a) with respect to any of the prime contractor's or subcontractor's facilities that are found to be in all respects separate and distinct from activities of the prime contractor or subcontractor related to the performance of the contract or subcontract, if the Secretary of Labor also finds that such a waiver will not interfere with or impede the effectuation of this Act.

(B) Such waivers shall be considered only upon the request of the contractor or subcontractor. The Secretary of Labor shall promulgate regulations that set forth the standards used for granting such a waiver.

(d) The standards used to determine whether this section has been violated in a complaint alleging nonaffirmative action employment discrimination under this section shall be the standards applied under title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) and the provisions of sections 501 through 504, and 510, of the Americans with Disabilities Act of 1990 (42 U.S.C. 12201-12204 and 12210), as such sections relate to employment.

(e) The Secretary shall develop procedures to ensure that administrative complaints filed under this section and under the Americans with Disabilities Act of 1990 are dealt with in a manner that avoids duplication of effort and prevents imposition of inconsistent or conflicting standards for the same requirements under this section and the Americans with Disabilities Act of 1990.

Nondiscrimination Under Federal Grants and Programs

Sec. 504.(a) No otherwise qualified individual with a disability in the United States, as defined in section 7(20), shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service. The head of each such agency shall promulgate such regulations as may be necessary to carry out the amendments to this section made by the Rehabilitation, Comprehensive Services, and Developmental Disabilities Act of 1978. Copies of any proposed regulation shall be submitted to appropriate authorizing committees of Congress, and such regulations may take effect no earlier than the thirtieth day after the date on which such regulation is so submitted to such committees.

(b) For the purposes of this section, the term "program or activity" means all of the operations of

(1)(A) a department, agency, special purpose district, or other instrumentality of a State or of a local government; or

(B) the entity of such a State or local government that distributes such assistance and each such department or agency (and each other State or local government entity) to which the assistance is extended, in the case of assistance to a State or local government;

(2)(A) a college, university, or other postsecondary institution, or a public system of higher education; or

(B) a local educational agency (as defined in section 14101 of the Elementary and Secondary Education Act of 1965), system of vocational education, or other school system;

(3)(A) an entire corporation, partnership, or other private organization, or an entire sole proprietorship -

(i) if assistance is extended to such corporation, partnership, private organization, or sole proprietorship as a whole; or

(ii) which is principally engaged in the business of providing education, health care, housing, social services, or parks and recreation; or

(B) the entire plant or other comparable, geographically separate facility to which Federal financial assistance is extended, in the case of any corporation, partnership, private organization, or sole proprietorship; or

(4) any other entity which is established by two or more of the entities described in paragraph (1), (2), or (3);

any part of which is extended Federal financial assistance.

(c) Small providers are not required by subsection (a) to make significant structural alterations to their existing facilities for the purpose of assuring program accessibility, if alternative means of providing the services are available. The terms used in this subsection shall be construed with reference to the regulations existing on the date of the enactment of this subsection.

(d) The standards used to determine whether this section has been violated in a complaint alleging employment discrimination under this section shall be the standards applied under title I of the Americans with Disabilities Act of 1990 (42 U.S.C. 12111 et seq.) and the provisions of

sections 501 through 504, and 510, of the Americans with Disabilities Act of 1990 (42 U.S.C. 12201-12204 and 12210), as such sections relate to employment.

Remedies and Attorneys' Fees

Sec. 505.(a)(1) The remedies, procedures, and rights set forth in section 717 of the Civil Rights Act of 1964 (42 U.S.C. 2000e-16), including the application of sections 706(f) through 706(k) (42 U.S.C. 2000e-5(f) through (k)), shall be available, with respect to any complaint under section 501 of this Act, to any employee or applicant for employment aggrieved by the final disposition of such complaint, or by the failure to take final action on such complaint. In fashioning an equitable or affirmative action remedy under such section, a court may take into account the reasonableness of the cost of any necessary work place accommodation, and the availability of alternatives therefor or other appropriate relief in order to achieve an equitable and appropriate remedy.

(2) The remedies, procedures, and rights set forth in title VI of the Civil Rights Act of 1964 shall be available to any person aggrieved by any act or failure to act by any recipient of Federal assistance or Federal provider of such assistance under section 504 of this Act.

(b) In any action or proceeding to enforce or charge a violation of a provision of this title, the court, in its discretion, may allow the prevailing party, other than the United States, a reasonable attorney's fee as part of the costs.

Secretarial Responsibilities

Sec. 506.(a) The Secretary may provide directly or by contract with State vocational rehabilitation agencies or experts or consultants or groups thereof, technical assistance -

(1) to persons operating community rehabilitation programs; and

(2) with the concurrence of the Access Board established by section 502, to any public or nonprofit agency, institution, or organization;

for the purpose of assisting such persons or entities in removing architectural, transportation, or communication barriers. Any concurrence of the Access Board under paragraph (2) shall reflect its consideration of the cost studies carried out by States.

(b) Any such experts or consultants, while serving pursuant to such contracts, shall be entitled to receive compensation at rates fixed by the Secretary, but not exceeding the daily equivalent of the rate of pay for level 4 of the Senior Executive Service Schedule under section 5382 of title 5, United States Code, including travel time, and while so serving away from their homes or regular places of business, they may be allowed travel expenses, including per diem in lieu of

subsistence, as authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

(c) The Secretary, with the concurrence of the Access Board and the President, may provide directly or by contract, financial assistance to any public or nonprofit agency, institution, or organization for the purpose of removing architectural, transportation, and communication barriers. No assistance may be provided under this subsection until a study demonstrating the need for such assistance has been conducted and submitted under section 502(h)(1) of this title.

(d) In order to carry out this section, there are authorized to be appropriated such sums as may be necessary.

Interagency Disability Coordinating Council

Sec. 507.(a) Establishment

There is hereby established an Interagency Disability Coordinating Council (hereafter in this section referred to as the "Council") composed of the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Labor, the Secretary of Housing and Urban Development, the Secretary of Transportation, the Assistant Secretary of the Interior for Indian Affairs, the Attorney General, the Director of the Office of Personnel Management, the Chairperson of the Equal Employment Opportunity Commission, the Chairperson of the Architectural and Transportation Barriers Compliance Board, and such other officials as may be designated by the President.

(b) Duties

The Council shall -

(1) have the responsibility for developing and implementing agreements, policies, and practices designed to maximize effort, promote efficiency, and eliminate conflict, competition, duplication, and inconsistencies among the operations, functions, and jurisdictions of the various departments, agencies, and branches of the Federal Government responsible for the implementation and enforcement of the provisions of this title, and the regulations prescribed thereunder;

(2) be responsible for developing and implementing agreements, policies, and practices designed to coordinate operations, functions, and jurisdictions of the various departments and agencies of the Federal Government responsible for promoting the full integration into society, independence, and productivity of individuals with disabilities; and

(3) carry out such studies and other activities, subject to the availability of resources, with advice from the National Council on Disability, in order to identify methods for overcoming barriers to integration into society, independence, and productivity of individuals with disabilities.

(c) Report

On or before July 1 of each year, the Interagency Disability Coordinating Council shall prepare and submit to the President and to the Congress a report of the activities of the Council designed to promote and meet the employment needs of individuals with disabilities, together with such recommendations for legislative and administrative changes as the Council concludes are desirable to further promote this section, along with any comments submitted by the National Council on Disability as to the effectiveness of such activities and recommendations in meeting the needs of individuals with disabilities. Nothing in this section shall impair any responsibilities assigned by any Executive order to any Federal department, agency, or instrumentality to act as a lead Federal agency with respect to any provisions of this title.

Electronic and Information Technology Accessibility Guidelines

Sec. 508. Electronic and Information Technology

(a) Requirements for Federal Departments and Agencies

(1) Accessibility

(A) Development, procurement, maintenance, or use of electronic and information technology

When developing, procuring, maintaining, or using electronic and information technology, each Federal department or agency, including the United States Postal Service, shall ensure, unless an undue burden would be imposed on the department or agency, that the electronic and information technology allows, regardless of the type of medium of the technology--

(i) individuals with disabilities who are Federal employees to have access to and use of information and data that is comparable to the access to and use of the information and data by Federal employees who are not individuals with disabilities; and

(ii) individuals with disabilities who are members of the public seeking information or services from a Federal department or agency to have access to and use of information and data that is comparable to the access to and use of the information and data by such members of the public who are not individuals with disabilities.

(B) Alternative means efforts

When development, procurement, maintenance, or use of electronic and information technology that meets the standards published by the Access Board under paragraph (2) would impose an undue burden, the Federal department or agency shall provide individuals with disabilities covered by paragraph (1) with the information and data involved by an alternative means of access that allows the individual to use the information and data.

(2) Electronic and information technology standards

(A) In general

Not later than 18 months after the date of enactment of the Rehabilitation Act Amendments of 1998, the Architectural and Transportation Barriers Compliance Board (referred to in this section as the "Access Board"), after consultation with the Secretary of Education, the Administrator of General Services, the Secretary of Commerce, the Chairman of the Federal Communications Commission, the Secretary of Defense, and the head of any other Federal department or agency that the Access Board determines to be appropriate, including consultation on relevant research findings, and after consultation with the electronic and information technology industry and appropriate public or nonprofit agencies or organizations, including organizations representing individuals with disabilities, shall issue and publish standards setting forth--

(i) for purposes of this section, a definition of electronic and information technology that is consistent with the definition of information technology specified in section 5002(3) of the Clinger-Cohen Act of 1996 (40 U.S.C. 1401(3)); and

(ii) the technical and functional performance criteria necessary to implement the requirements set forth in paragraph (1).

(B) Review and amendment

The Access Board shall periodically review and, as appropriate, amend the standards required under subparagraph (A) to reflect technological advances or changes in electronic and information technology.

(3) Incorporation of standards

Not later than 6 months after the Access Board publishes the standards required under paragraph (2), the Federal Acquisition Regulatory Council shall revise the Federal Acquisition Regulation and each Federal department or agency shall revise the Federal procurement policies and directives under the control of the department or agency to incorporate those standards. Not later than 6 months after the Access Board revises any standards required under paragraph (2), the Council shall revise the Federal Acquisition Regulation and each appropriate Federal department or agency shall revise the procurement policies and directives, as necessary, to incorporate the revisions.

(4) Acquisition planning

In the event that a Federal department or agency determines that compliance with the standards issued by the Access Board under paragraph (2) relating to procurement imposes an undue burden, the documentation by the department or agency supporting the procurement shall explain why compliance creates an undue burden.

(5) Exemption for national security systems

This section shall not apply to national security systems, as that term is defined in section 5142 of the Clinger-Cohen Act of 1996 (40 U.S.C. 1452).

(6) Construction

(A) Equipment

In a case in which the Federal Government provides access to the public to information or data through electronic and information technology, nothing in this section shall be construed to require a Federal department or agency--

(i) to make equipment owned by the Federal Government available for access and use by individuals with disabilities covered by paragraph (1) at a location other than that where the electronic and information technology is provided to the public; or

(ii) to purchase equipment for access and use by individuals with disabilities covered by paragraph (1) at a location other than that where the electronic and information technology is provided to the public.

(B) Software and peripheral devices

Except as required to comply with standards issued by the Access Board under paragraph (2), nothing in paragraph (1) requires the installation of specific accessibility-related software or the attachment of a specific accessibility-related peripheral device at a workstation of a Federal employee who is not an individual with a disability.

(b) Technical Assistance

The Administrator of General Services and the Access Board shall provide technical assistance to individuals and Federal departments and agencies concerning the requirements of this section.

(c) Agency Evaluations

Not later than 6 months after the date of enactment of the Rehabilitation Act Amendments of 1998, the head of each Federal department or agency shall evaluate the extent to which the electronic and information technology of the department or agency is accessible to and usable by individuals with disabilities described in subsection (a)(1), compared to the access to and use of the technology by individuals described in such subsection who are not individuals with disabilities, and submit a report containing the evaluation to the Attorney General.

(d) Reports

(1) Interim report

Not later than 18 months after the date of enactment of the Rehabilitation Act Amendments of 1998, the Attorney General shall prepare and submit to the President a report containing information on and recommendations regarding the extent to which the electronic and information technology of the Federal Government is accessible to and usable by individuals with disabilities described in subsection (a)(1).

(2) Biennial reports

Not later than 3 years after the date of enactment of the Rehabilitation Act Amendments of 1998, and every 2 years thereafter, the Attorney General shall prepare and submit to the President and Congress a report containing information on and recommendations regarding the state of Federal department and agency compliance with the requirements of this section, including actions regarding individual complaints under subsection (f).

(e) Cooperation

Each head of a Federal department or agency (including the Access Board, the Equal Employment Opportunity Commission, and the General Services Administration) shall provide to the Attorney General such information as the Attorney General determines is necessary to conduct the evaluations under subsection (c) and prepare the reports under subsection (d).

(f) Enforcement

(1) General

(A) Complaints

Effective 2 years after the date of enactment of the Rehabilitation Act Amendments of 1998, any individual with a disability may file a complaint alleging that a Federal department or agency fails to comply with subsection (a)(1) in providing electronic and information technology.

(B) Application

This subsection shall apply only to electronic and information technology that is procured by a Federal department or agency not less than 2 years after the date of enactment of the Rehabilitation Act Amendments of 1998.

(2) Administrative complaints

Complaints filed under paragraph (1) shall be filed with the Federal department or agency alleged to be in noncompliance. The Federal department or agency receiving the complaint shall apply the complaint procedures established to implement section 504 for resolving allegations of discrimination in a federally conducted program or activity.

(3) Civil actions

The remedies, procedures, and rights set forth in sections 505(a)(2) and 505(b) shall be the remedies, procedures, and rights available to any individual with a disability filing a complaint under paragraph (1).

(g) Application to Other Federal Laws

This section shall not be construed to limit any right, remedy, or procedure otherwise available under any provision of Federal law (including sections 501 through 505) that provides greater or equal protection for the rights of individuals with disabilities than this section.

Sec. 509. Protection and Advocacy of Individual Rights

(a) Purpose and Construction

(1) Purpose

The purpose of this section is to support a system in each State to protect the legal and human rights of individuals with disabilities who--

(A) need services that are beyond the scope of services authorized to be provided by the client assistance program under section 112; and

(B)(i) are ineligible for protection and advocacy programs under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6041 et seq.) because the individuals do not have a developmental disability, as defined in section 102 of such Act (42 U.S.C. 6002); and

(ii) are ineligible for services under the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.) because the individuals are not individuals with mental illness, as defined in section 102 of such Act (42 U.S.C. 10802).

(2) Construction

This section shall not be construed to require the provision of protection and advocacy services that can be provided under the Technology-Related Assistance for Individuals With Disabilities Act of 1988 (42 U.S.C. 2201 et seq.).

(b) Appropriations Less Than \$5,500,000

For any fiscal year in which the amount appropriated to carry out this section is less than \$5,500,000, the Commissioner may make grants from such amount to eligible systems within States to plan for, develop outreach strategies for, and carry out protection and advocacy programs authorized under this section for individuals with disabilities who meet the requirements of subparagraphs (A) and (B) of subsection (a)(1).

(c) Appropriations of \$5,500,000 or More

(1) Reservations

(A) Technical assistance

For any fiscal year in which the amount appropriated to carry out this section equals or exceeds \$5,500,000, the Commissioner shall set aside not less than 1.8 percent and not more than 2.2 percent of the amount to provide training and technical assistance to the systems established under this section.

(B) Grant for the eligible system serving the American Indian consortium

For any fiscal year in which the amount appropriated to carry out this section equals or exceeds \$10,500,000, the Commissioner shall reserve a portion, and use the portion to make a grant for the eligible system serving the American Indian consortium. The Commission shall make the grant in an amount of not less than \$50,000 for the fiscal year.

(2) Allotments

For any such fiscal year, after the reservations required by paragraph (1) have been made, the Commissioner shall make allotments from the remainder of such amount in accordance with paragraph (3) to eligible systems within States to enable such systems to carry out protection and advocacy programs authorized under this section for individuals referred to in subsection (b).

(3) Systems within states

(A) Population basis

Except as provided in subparagraph (B), from such remainder for each such fiscal year, the Commissioner shall make an allotment to the eligible system within a State of an amount bearing the same ratio to such remainder as the population of the State bears to the population of all States.

(B) Minimums

Subject to the availability of appropriations to carry out this section, and except as provided in paragraph (4), the allotment to any system under subparagraph (A) shall be not less than \$100,000 or one-third of one percent of the remainder for the fiscal year for which the allotment is made, whichever is greater, and the allotment to any system under this section for any fiscal year that is less than \$100,000 or one-third of one percent of such remainder shall be increased to the greater of the two amounts.

(4) Systems within other jurisdictions

(A) In general

For the purposes of paragraph (3)(B), Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands shall not be considered to be States.

(B) Allotment

The eligible system within a jurisdiction described in subparagraph (A) shall be allotted under paragraph (3)(A) not less than \$50,000 for the fiscal year for which the allotment is made.

(5) Adjustment for inflation

For any fiscal year, beginning in fiscal year 1999, in which the total amount appropriated to carry out this section exceeds the total amount appropriated to carry out this section for the preceding fiscal year, the Commissioner shall increase each of the minimum grants or allotments under paragraphs (1)(B), (3)(B), and (4)(B) by a percentage that shall not exceed the percentage increase in the total amount appropriated to carry out this section between the preceding fiscal year and the fiscal year involved.

(d) Proportional Reduction

To provide minimum allotments to systems within States (as increased under subsection (c)(5)) under subsection (c)(3)(B), or to provide minimum allotments to systems within States (as

increased under subsection (c)(5)) under subsection (c)(4)(B), the Commissioner shall proportionately reduce the allotments of the remaining systems within States under subsection (c)(3), with such adjustments as may be necessary to prevent the allotment of any such remaining system within a State from being reduced to less than the minimum allotment for a system within a State (as increased under subsection (c)(5)) under subsection (c)(3)(B), or the minimum allotment for a State (as increased under subsection (c)(5)) under subsection (c)(4)(B), as appropriate.

(e) Reallotment

Whenever the Commissioner determines that any amount of an allotment to a system within a State for any fiscal year described in subsection (c)(1) will not be expended by such system in carrying out the provisions of this section, the Commissioner shall make such amount available for carrying out the provisions of this section to one or more of the systems that the Commissioner determines will be able to use additional amounts during such year for carrying out such provisions. Any amount made available to a system for any fiscal year pursuant to the preceding sentence shall, for the purposes of this section, be regarded as an increase in the allotment of the system (as determined under the preceding provisions of this section) for such year.

(f) Application

In order to receive assistance under this section, an eligible system shall submit an application to the Commissioner, at such time, in such form and manner, and containing such information and assurances as the Commissioner determines necessary to meet the requirements of this section, including assurances that the eligible system will--

- (1) have in effect a system to protect and advocate the rights of individuals with disabilities;
- (2) have the same general authorities, including access to records and program income, as are set forth in part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6041 et seq.);
- (3) have the authority to pursue legal, administrative, and other appropriate remedies or approaches to ensure the protection of, and advocacy for, the rights of such individuals within the State or the American Indian consortium who are individuals described in subsection (a)(1);
- (4) provide information on and make referrals to programs and services addressing the needs of individuals with disabilities in the State or the American Indian consortium;
- (5) develop a statement of objectives and priorities on an annual basis, and provide to the public, including individuals with disabilities and, as appropriate, the individuals' representatives, an

opportunity to comment on the objectives and priorities established by, and activities of, the system including--

(A) the objectives and priorities for the activities of the system for each year and the rationale for the establishment of such objectives and priorities; and

(B) the coordination of programs provided through the system under this section with the advocacy programs of the client assistance program under section 112, the State long-term care ombudsman program established under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.), the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.), and the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);

(6) establish a grievance procedure for clients or prospective clients of the system to ensure that individuals with disabilities are afforded equal opportunity to access the services of the system; and

(7) provide assurances to the Commissioner that funds made available under this section will be used to supplement and not supplant the non-Federal funds that would otherwise be made available for the purpose for which Federal funds are provided.

(g) Carryover and Direct Payment

(1) Direct payment

Notwithstanding any other provision of law, the Commissioner shall pay directly to any system that complies with the provisions of this section, the amount of the allotment of the State or the grant for the eligible system that serves the American Indian consortium involved under this section, unless the State or American Indian consortium provides otherwise.

(2) Carryover

Any amount paid to an eligible system that serves a State or American Indian consortium for a fiscal year that remains unobligated at the end of such year shall remain available to such system that serves the State or American Indian consortium for obligation during the next fiscal year for the purposes for which such amount was paid.

(h) Limitation on Disclosure Requirements

For purposes of any audit, report, or evaluation of the performance of the program established under this section, the Commissioner shall not require such a program to disclose the identity of, or any other personally identifiable information related to, any individual requesting assistance under such program.

(i) Administrative Cost

In any State in which an eligible system is located within a State agency, a State may use a portion of any allotment under subsection (c) for the cost of the administration of the system required by this section. Such portion may not exceed 5 percent of the allotment.

(j) Delegation

The Commissioner may delegate the administration of this program to the Commissioner of the Administration on Developmental Disabilities within the Department of Health and Human Services.

(k) Report

The Commissioner shall annually prepare and submit to the Committee on Education and the Workforce of the House of Representatives and the Committee on Labor and Human Resources of the Senate a report describing the types of services and activities being undertaken by programs funded under this section, the total number of individuals served under this section, the types of disabilities represented by such individuals, and the types of issues being addressed on behalf of such individuals.

(l) Authorization of Appropriations

There are authorized to be appropriated to carry out this section such sums as may be necessary for each of the fiscal years 1999 through 2003.

(m) Definitions

As used in this section:

(1) Eligible system

The term "eligible system" means a protection and advocacy system that is established under part C of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6041 et seq.) and that meets the requirements of subsection (f).

(2) American indian consortium

The term "American Indian consortium" means a consortium established as described in section 142 of the Developmental Disabilities Assistance and Bill of Rights Act.

TITLE VI--EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

Sec. 601. Short Title

This title may be cited as the "Employment Opportunities for Individuals With Disabilities Act".

Part A--Projects With Industry

Sec. 611. (a)(1) The purpose of this part is to create and expand job and career opportunities for individuals with disabilities in the competitive labor market by engaging the talent and leadership of private industry as partners in the rehabilitation process, to identify competitive job and career opportunities and the skills needed to perform such jobs, to create practical job and career readiness and training programs, and to provide job placements and career advancement.

(2) The Commissioner, in consultation with the Secretary of Labor and with designated State units, may award grants to individual employers, community rehabilitation program providers, labor unions, trade associations, Indian tribes, tribal organizations, designated State units, and other entities to establish jointly financed Projects With Industry to create and expand job and career opportunities for individuals with disabilities, which projects shall--

(A) provide for the establishment of business advisory councils, that shall--

(i) be comprised of--

(I) representatives of private industry, business concerns, and organized labor;

(II) individuals with disabilities and representatives of individuals with disabilities; and

(III) a representative of the appropriate designated State unit;

(ii) identify job and career availability within the community, consistent with the current and projected local employment opportunities identified by the local workforce investment board for the community under section 118(b)(1)(B) of the Workforce Investment Act of 1998;

(iii) identify the skills necessary to perform the jobs and careers identified; and

(iv) prescribe training programs designed to develop appropriate job and career skills, or job placement programs designed to identify and develop job placement and career advancement opportunities, for individuals with disabilities in fields related to the job and career availability identified under clause (ii);

(B) provide job development, job placement, and career advancement services;

(C) to the extent appropriate, provide for--

(i) training in realistic work settings in order to prepare individuals with disabilities for employment and career advancement in the competitive market; and

(ii) to the extent practicable, the modification of any facilities or equipment of the employer involved that are used primarily by individuals with disabilities, except that a project shall not be required to provide for such modification if the modification is required as a reasonable accommodation under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and

(D) provide individuals with disabilities with such support services as may be required in order to maintain the employment and career advancement for which the individuals have received training under this part.

(3)(A) An individual shall be eligible for services described in paragraph (2) if the individual is determined to be an individual described in section 102(a)(1), and if the determination is made in a manner consistent with section 102(a).

(B) Such a determination may be made by the recipient of a grant under this part, to the extent the determination is appropriate and available and consistent with the requirements of section 102(a).

(4) The Commissioner shall enter into an agreement with the grant recipient regarding the establishment of the project. Any agreement shall be jointly developed by the Commissioner, the grant recipient, and, to the extent practicable, the appropriate designated State unit and the individuals with disabilities (or the individuals' representatives) involved. Such agreements shall specify the terms of training and employment under the project, provide for the payment by the Commissioner of part of the costs of the project (in accordance with subsection (c)), and contain the items required under subsection (b) and such other provisions as the parties to the agreement consider to be appropriate.

(5) Any agreement shall include a description of a plan to annually conduct a review and evaluation of the operation of the project in accordance with standards developed by the Commissioner under subsection (d), and, in conducting the review and evaluation, to collect data and information of the type described in subparagraphs (A) through (C) of section 101(a)(10), as determined to be appropriate by the Commissioner.

(6) The Commissioner may include, as part of agreements with grant recipients, authority for such grant recipients to provide technical assistance to--

(A) assist employers in hiring individuals with disabilities; or

(B) improve or develop relationships between--

(i) grant recipients or prospective grant recipients; and

(ii) employers or organized labor; or

(C) assist employers in understanding and meeting the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) as the Act relates to employment of individuals with disabilities.

(b) No payment shall be made by the Commissioner under any agreement with a grant recipient entered into under subsection (a) unless such agreement--

(1) provides an assurance that individuals with disabilities placed under such agreement shall receive at least the applicable minimum wage;

(2) provides an assurance that any individual with a disability placed under this part shall be afforded terms and benefits of employment equal to terms and benefits that are afforded to the similarly situated nondisabled co-workers of the individual, and that such individuals with disabilities shall not be segregated from their co-workers; and

(3) provides an assurance that an annual evaluation report containing information specified under subsection (a)(5) shall be submitted as determined to be appropriate by the Commissioner.

(c) Payments under this section with respect to any project may not exceed 80 per centum of the costs of the project.

(d)(1) The Commissioner shall develop standards for the evaluation described in subsection (a)(5) and shall review and revise the evaluation standards as necessary, subject to paragraph (2).

(2) In revising the standards for evaluation to be used by the grant recipients, the Commissioner shall obtain and consider recommendations for such standards from State vocational rehabilitation agencies, current and former grant recipients, professional organizations representing business and industry, organizations representing individuals with disabilities, individuals served by grant recipients, organizations representing community rehabilitation program providers, and labor organizations.

(e)(1)(A) A grant may be awarded under this section for a period of up to 5 years and such grant may be renewed.

(B) Grants under this section shall be awarded on a competitive basis. To be eligible to receive such a grant, a prospective grant recipient shall submit an application to the Commissioner at such time, in such manner, and containing such information as the Commissioner may require.

(2) The Commissioner shall, to the extent practicable, ensure an equitable distribution of payments made under this section among the States. To the extent funds are available, the Commissioner shall award grants under this section to new projects that will serve individuals with disabilities in States, portions of States, Indian tribes, or tribal organizations, that are currently unserved or underserved by projects.

(f)(1) The Commissioner shall, as necessary, develop and publish in the Federal Register, in final form, indicators of what constitutes minimum compliance consistent with the evaluation standards under subsection (d)(1).

(2) Each grant recipient shall report to the Commissioner at the end of each project year the extent to which the grant recipient is in compliance with the evaluation standards.

(3)(A) The Commissioner shall annually conduct onsite compliance reviews of at least 15 percent of grant recipients. The Commissioner shall select grant recipients for review on a random basis.

(B) The Commissioner shall use the indicators in determining compliance with the evaluation standards.

(C) The Commissioner shall ensure that at least one member of a team conducting such a review shall be an individual who--

(i) is not an employee of the Federal Government; and

(ii) has experience or expertise in conducting projects.

(D) The Commissioner shall ensure that--

(i) a representative of the appropriate designated State unit shall participate in the review; and

(ii) no person shall participate in the review of a grant recipient if--

(I) the grant recipient provides any direct financial benefit to the reviewer; or

(II) participation in the review would give the appearance of a conflict of interest.

(4) In making a determination concerning any subsequent grant under this section, the Commissioner shall consider the past performance of the applicant, if applicable. The Commissioner shall use compliance indicators developed under this subsection that are consistent with program evaluation standards developed under subsection (d) to assess minimum project performance for purposes of making continuation awards in the third, fourth, and fifth years.

(5) Each fiscal year the Commissioner shall include in the annual report to Congress required by section 13 an analysis of the extent to which grant recipients have complied with the evaluation standards. The Commissioner may identify individual grant recipients in the analysis. In addition, the Commissioner shall report the results of onsite compliance reviews. identifying individual grant recipients.

(g) The Commissioner may provide, directly or by way of grant, contract, or cooperative agreement, technical assistance to--

(1) entities conducting projects for the purpose of assisting such entities in--

(A) the improvement of or the development of relationships with private industry or labor; or

— (B) the improvement of relationships with State vocational rehabilitation agencies; and

(2) entities planning the development of new projects.

(h) As used in this section:

(1) The term 'agreement' means an agreement described in subsection (a)(4).

(2) The term 'project' means a Project With Industry established under subsection (a)(2).

(3) The term 'grant recipient' means a recipient of a grant under subsection (a)(2).

Authorization of Appropriations

Sec. 612. There are authorized to be appropriated to carry out the provisions of this part, such sums as may be necessary for each of fiscal years 1999 through 2003.

Part B--Supported Employment Services for Individuals With the Most Significant Disabilities

Sec. 621. Purpose

It is the purpose of this part to authorize allotments, in addition to grants for vocational rehabilitation services under title I, to assist States in developing collaborative programs with appropriate entities to provide supported employment services for individuals with the most significant disabilities to enable such individuals to achieve the employment outcome of supported employment.

Sec. 622. Allotments

(a) In General

(1) States

The Secretary shall allot the sums appropriated for each fiscal year to carry out this part among the States on the basis of relative population of each State, except that--

(A) no State shall receive less than \$250,000, or one-third of one percent of the sums appropriated for the fiscal year for which the allotment is made, whichever is greater; and

(B) if the sums appropriated to carry out this part for the fiscal year exceed by \$1,000,000 or more the sums appropriated to carry out this part in fiscal year 1992, no State shall receive less than \$300,000, or one-third of one percent of the sums appropriated for the fiscal year for which the allotment is made, whichever is greater.

(2) Certain territories

(A) In general

For the purposes of this subsection, Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands shall not be considered to be States.

(B) Allotment

Each jurisdiction described in subparagraph (A) shall be allotted not less than one-eighth of one percent of the amounts appropriated for the fiscal year for which the allotment is made.

(b) Reallotment

Whenever the Commissioner determines that any amount of an allotment to a State for any fiscal year will not be expended by such State for carrying out the provisions of this part, the Commissioner shall make such amount available for carrying out the provisions of this part to one or more of the States that the Commissioner determines will be able to use additional amounts during such year for carrying out such provisions. Any amount made available to a State for any fiscal year pursuant to the preceding sentence shall, for the purposes of this section, be regarded as an increase in the allotment of the State (as determined under the preceding provisions of this section) for such year.

Sec. 623. Availability of Services

Funds provided under this part may be used to provide supported employment services to individuals who are eligible under this part. Funds provided under this part, or title I, may not be used to provide extended services to individuals who are eligible under this part or title I.

Sec. 624. Eligibility

An individual shall be eligible under this part to receive supported employment services authorized under this Act if--

- (1) the individual is eligible for vocational rehabilitation services;
- (2) the individual is determined to be an individual with a most significant disability; and
- (3) a comprehensive assessment of rehabilitation needs of the individual described in section 7(2)(B), including an evaluation of rehabilitation, career, and job needs, identifies supported employment as the appropriate employment outcome for the individual.

Sec. 625. State Plan

(a) State Plan Supplements

To be eligible for an allotment under this part, a State shall submit to the Commissioner, as part of the State plan under section 101, a State plan supplement for providing supported employment services authorized under this Act to individuals who are eligible under this Act to receive the services. Each State shall make such annual revisions in the plan supplement as may be necessary.

(b) Contents

Each such plan supplement shall--

- (1) designate each designated State agency as the agency to administer the program assisted under this part;
- (2) summarize the results of the comprehensive, statewide assessment conducted under section 101(a)(15)(A)(i), with respect to the rehabilitation needs of individuals with significant disabilities and the need for supported employment services, including needs related to coordination;
- (3) describe the quality, scope, and extent of supported employment services authorized under this Act to be provided to individuals who are eligible under this Act to receive the services and specify the goals and plans of the State with respect to the distribution of funds received under section 622;
- (4) demonstrate evidence of the efforts of the designated State agency to identify and make arrangements (including entering into cooperative agreements) with other State agencies and other appropriate entities to assist in the provision of supported employment services;

(5) demonstrate evidence of the efforts of the designated State agency to identify and make arrangements (including entering into cooperative agreements) with other public or nonprofit agencies or organizations within the State, employers, natural supports, and other entities with respect to the provision of extended services;

(6) provide assurances that--

(A) funds made available under this part will only be used to provide supported employment services authorized under this Act to individuals who are eligible under this part to receive the services;

(B) the comprehensive assessments of individuals with significant disabilities conducted under section 102(b)(1) and funded under title I will include consideration of supported employment as an appropriate employment outcome;

(C) an individualized plan for employment, as required by section 102, will be developed and updated using funds under title I in order to--

(i) specify the supported employment services to be provided;

(ii) specify the expected extended services needed; and

(iii) identify the source of extended services, which may include natural supports, or to the extent that it is not possible to identify the source of extended services at the time the individualized plan for employment is developed, a statement describing the basis for concluding that there is a reasonable expectation that such sources will become available;

(D) the State will use funds provided under this part only to supplement, and not supplant, the funds provided under title I, in providing supported employment services specified in the individualized plan for employment;

(E) services provided under an individualized plan for employment will be coordinated with services provided under other individualized plans established under other Federal or State programs;

(F) to the extent jobs skills training is provided, the training will be provided on site; and

(G) supported employment services will include placement in an integrated setting for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of individuals with the most significant disabilities;

(7) provide assurances that the State agencies designated under paragraph (1) will expend not more than 5 percent of the allotment of the State under this part for administrative costs of carrying out this part; and

(8) contain such other information and be submitted in such manner as the Commissioner may require.

Sec. 626. Restriction

Each State agency designated under section 625(b)(1) shall collect the information required by section 101(a)(10) separately for eligible individuals receiving supported employment services under this part and for eligible individuals receiving supported employment services under title 1.

Sec. 627. Savings Provision

(a) Supported Employment Services

Nothing in this Act shall be construed to prohibit a State from providing supported employment services in accordance with the State plan submitted under section 101 by using funds made available through a State allotment under section 110.

(b) Postemployment Services

Nothing in this part shall be construed to prohibit a State from providing discrete postemployment services in accordance with the State plan submitted under section 101 by using funds made available through a State allotment under section 110 to an individual who is eligible under this part.

Sec. 628. Authorization of Appropriations

There are authorized to be appropriated to carry out this part such sums as may be necessary for each of fiscal years 1999 through 2003.

TITLE VII--INDEPENDENT LIVING SERVICES AND CENTERS FOR INDEPENDENT LIVING

Chapter 1--Individuals with Significant Disabilities

Part A--General Provisions

Sec. 701. Purpose

The purpose of this chapter is to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society, by--

- (1) providing financial assistance to States for providing, expanding, and improving the provision of independent living services;
- (2) providing financial assistance to develop and support statewide networks of centers for independent living; and
- (3) providing financial assistance to States for improving working relationships among State independent living rehabilitation service programs, centers for independent living, Statewide Independent Living Councils established under section 705, State vocational rehabilitation programs receiving assistance under title I, State programs of supported employment services receiving assistance under part B of title VI, client assistance programs receiving assistance under section 112, programs funded under other titles of this Act, programs funded under other Federal law, and programs funded through non-Federal sources.

Sec. 702. Definitions

As used in this chapter:

(1) Center for independent living

The term "center for independent living" means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that--

- (A) is designed and operated within a local community by individuals with disabilities; and
- (B) provides an array of independent living services.

(2) Consumer control

The term "consumer control" means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities.

Sec. 703. Eligibility for Receipt of Services

Services may be provided under this chapter to any individual with a significant disability, as defined in section 7(21)(B).

Sec. 704. State Plan

(a) In General

(1) Requirement

To be eligible to receive financial assistance under this chapter, a State shall submit to the Commissioner, and obtain approval of, a State plan containing such provisions as the Commissioner may require, including, at a minimum, the provisions required in this section.

(2) Joint development

The plan under paragraph (1) shall be jointly developed and signed by--

(A) the director of the designated State unit; and

(B) the chairperson of the Statewide Independent Living Council, acting on behalf of and at the direction of the Council.

(3) Periodic review and revision

The plan shall provide for the review and revision of the plan, not less than once every 3 years, to ensure the existence of appropriate planning, financial support and coordination, and other assistance to appropriately address, on a statewide and comprehensive basis, needs in the State for--

(A) the provision of State independent living services;

(B) the development and support of a statewide network of centers for independent living; and

(C) working relationships between--

(i) programs providing independent living services and independent living centers; and

(ii) the vocational rehabilitation program established under title I, and other programs providing services for individuals with disabilities.

(4) Date of submission

The State shall submit the plan to the Commissioner 90 days before the completion date of the preceding plan. If a State fails to submit such a plan that complies with the requirements of this section, the Commissioner may withhold financial assistance under this chapter until such time as the State submits such a plan.

(b) Statewide Independent Living Council

The plan shall provide for the establishment of a Statewide Independent Living Council in accordance with section 705.

(c) Designation of State Unit

The plan shall designate the designated State unit of such State as the agency that, on behalf of the State, shall--

(1) receive, account for, and disburse funds received by the State under this chapter based on the plan;

(2) provide administrative support services for a program under part B, and a program under part C in a case in which the program is administered by the State under section 723;

(3) keep such records and afford such access to such records as the Commissioner finds to be necessary with respect to the programs; and

(4) submit such additional information or provide such assurances as the Commissioner may require with respect to the programs.

(d) Objectives

The plan shall--

(1) specify the objectives to be achieved under the plan and establish timelines for the achievement of the objectives; and

(2) explain how such objectives are consistent with and further the purpose of this chapter.

(e) Independent Living Services

The plan shall provide that the State will provide independent living services under this chapter to individuals with significant disabilities, and will provide the services to such an individual in accordance with an independent living plan mutually agreed upon by an appropriate staff member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary.

(f) Scope and Arrangements

The plan shall describe the extent and scope of independent living services to be provided under this chapter to meet such objectives. If the State makes arrangements, by grant or contract, for providing such services, such arrangements shall be described in the plan.

(g) Network

The plan shall set forth a design for the establishment of a statewide network of centers for independent living that comply with the standards and assurances set forth in section 725.

(h) Centers

In States in which State funding for centers for independent living equals or exceeds the amount of funds allotted to the State under part C, as provided in section 723, the plan shall include policies, practices, and procedures governing the awarding of grants to centers for independent living and oversight of such centers consistent with section 723.

(i) Cooperation, Coordination, and Working Relationships Among Various Entities

The plan shall set forth the steps that will be taken to maximize the cooperation, coordination, and working relationships among--

(1) the independent living rehabilitation service program, the Statewide Independent Living Council, and centers for independent living; and

(2) the designated State unit, other State agencies represented on such Council, other councils that address the needs of specific disability populations and issues, and other public and private entities determined to be appropriate by the Council.

(j) Coordination of Services

The plan shall describe how services funded under this chapter will be coordinated with, and complement, other services, in order to avoid unnecessary duplication with other Federal, State, and local programs.

(k) Coordination Between Federal and State Sources

The plan shall describe efforts to coordinate Federal and State funding for centers for independent living and independent living services.

(l) Outreach

With respect to services and centers funded under this chapter, the plan shall set forth steps to be taken regarding outreach to populations that are unserved or underserved by programs under this title, including minority groups and urban and rural populations.

(m) Requirements

The plan shall provide satisfactory assurances that all recipients of financial assistance under this chapter will--

(1) notify all individuals seeking or receiving services under this chapter about the availability of the client assistance program under section 112, the purposes of the services provided under such program, and how to contact such program;

(2) take affirmative action to employ and advance in employment qualified individuals with disabilities on the same terms and conditions required with respect to the employment of such individuals under the provisions of section 503;

(3) adopt such fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for funds paid to the State under this chapter;

(4)(A) maintain records that fully disclose--

(i) the amount and disposition by such recipient of the proceeds of such financial assistance;

(ii) the total cost of the project or undertaking in connection with which such financial assistance is given or used; and

(iii) the amount of that portion of the cost of the project or undertaking supplied by other sources;

(B) maintain such other records as the Commissioner determines to be appropriate to facilitate an effective audit;

(C) afford such access to records maintained under subparagraphs (A) and (B) as the Commissioner determines to be appropriate; and

(D) submit such reports with respect to such records as the Commissioner determines to be appropriate;

(5) provide access to the Commissioner and the Comptroller General or any of their duly authorized representatives, for the purpose of conducting audits and examinations, of any books, documents, papers, and records of the recipients that are pertinent to the financial assistance received under this chapter; and

(6) provide for public hearings regarding the contents of the plan during both the formulation and review of the plan.

(n) Evaluation

The plan shall establish a method for the periodic evaluation of the effectiveness of the plan in meeting the objectives established in subsection (d), including evaluation of satisfaction by individuals with disabilities.

Sec. 705. Statewide Independent Living Council

(a) Establishment

To be eligible to receive financial assistance under this chapter, each State shall establish a Statewide Independent Living Council (referred to in this section as the 'Council'). The Council shall not be established as an entity within a State agency.

(b) Composition and Appointment

(1) Appointment

Members of the Council shall be appointed by the Governor. The Governor shall select members after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities.

(2) Composition

The Council shall include--

(A) at least one director of a center for independent living chosen by the directors of centers for independent living within the State;

(B) as ex officio, nonvoting members--

(i) a representative from the designated State unit; and

(ii) representatives from other State agencies that provide services for individuals with disabilities; and

(C) in a State in which 1 or more projects are carried out under section 121, at least 1 representative of the directors of the projects.

(3) Additional members

The Council may include--

(A) other representatives from centers for independent living;

(B) parents and guardians of individuals with disabilities;

(C) advocates of and for individuals with disabilities;

(D) representatives from private businesses;

(E) representatives from organizations that provide services for individuals with disabilities; and

(F) other appropriate individuals.

(4) Qualifications

(A) In general

The Council shall be composed of members--

(i) who provide statewide representation;

(ii) who represent a broad range of individuals with disabilities from diverse backgrounds;

(iii) who are knowledgeable about centers for independent living and independent living services; and

(iv) a majority of whom are persons who are--

(I) individuals with disabilities described in section 7(20)(B); and

(II) not employed by any State agency or center for independent living.

(B) Voting members

A majority of the voting members of the Council shall be--

- (i) individuals with disabilities described in section 7(20)(B); and
- (ii) not employed by any State agency or center for independent living.

(5) Chairperson

(A) In general

Except as provided in subparagraph (B), the Council shall select a chairperson from among the voting membership of the Council.

(B) Designation by governor

In States in which the Governor does not have veto power pursuant to State law, the Governor shall designate a voting member of the Council to serve as the chairperson of the Council or shall require the Council to so designate such a voting member.

(6) Terms of appointment

(A) Length of term

Each member of the Council shall serve for a term of 3 years, except that--

(i) a member appointed to fill a vacancy occurring prior to the expiration of the term for which a predecessor was appointed, shall be appointed for the remainder of such term; and

(ii) the terms of service of the members initially appointed shall be (as specified by the Governor) for such fewer number of years as will provide for the expiration of terms on a staggered basis.

(B) Number of terms

No member of the Council may serve more than two consecutive full terms.

(7) Vacancies

(A) In general

Except as provided in subparagraph (B), any vacancy occurring in the membership of the Council shall be filled in the same manner as the original appointment. The vacancy shall not affect the power of the remaining members to execute the duties of the Council.

(B) Delegation

The Governor may delegate the authority to fill such a vacancy to the remaining voting members of the Council after making the original appointment.

(c) Duties

The Council shall--

- (1) jointly develop and sign (in conjunction with the designated State unit) the State plan required in section 704;
- (2) monitor, review, and evaluate the implementation of the State plan;
- (3) coordinate activities with the State Rehabilitation Council established under section 105, if the State has such a Council, or the commission described in section 101(a)(21)(A), if the State has such a commission, and councils that address the needs of specific disability populations and issues under other Federal law;
- (4) ensure that all regularly scheduled meetings of the Statewide Independent Living Council are open to the public and sufficient advance notice is provided; and
- (5) submit to the Commissioner such periodic reports as the Commissioner may reasonably request, and keep such records, and afford such access to such records, as the Commissioner finds necessary to verify such reports.

(d) Hearings and Forums

The Council is authorized to hold such hearings and forums as the Council may determine to be necessary to carry out the duties of the Council.

(e) Plan

(1) In general

The Council shall prepare, in conjunction with the designated State unit, a plan for the provision of such resources, including such staff and personnel, as may be necessary and sufficient to carry out the functions of the Council under this section, with funds made available under this chapter, and under section 110 (consistent with section 101(a)(18)), and from other public and private sources. The resource plan shall, to the maximum extent possible, rely on the use of resources in existence during the period of implementation of the plan.

(2) Supervision and evaluation

Each Council shall, consistent with State law, supervise and evaluate such staff and other personnel as may be necessary to carry out the functions of the Council under this section.

(3) Conflict of interest

While assisting the Council in carrying out its duties, staff and other personnel shall not be assigned duties by the designated State agency or any other agency or office of the State, that would create a conflict of interest.

(f) Compensation and Expenses

The Council may use such resources to reimburse members of the Council for reasonable and necessary expenses of attending Council meetings and performing Council duties (including child care and personal assistance services), and to pay compensation to a member of the Council, if such member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing Council duties.

Sec. 706. Responsibilities of the Commissioner

(a) Approval of State Plans

(1) In general

The Commissioner shall approve any State plan submitted under section 704 that the Commissioner determines meets the requirements of section 704, and shall disapprove any such plan that does not meet such requirements, as soon as practicable after receiving the plan. Prior to such disapproval, the Commissioner shall notify the State of the intention to disapprove the plan, and shall afford such State reasonable notice and opportunity for a hearing.

(2) Procedures

(A) In general

Except as provided in subparagraph (B), the provisions of subsections (c) and (d) of section 107 shall apply to any State plan submitted to the Commissioner under section 704.

(B) Application

For purposes of the application described in subparagraph (A), all references in such provisions--

(i) to the Secretary shall be deemed to be references to the Commissioner; and

(ii) to section 101 shall be deemed to be references to section 704. (b) **Indicators:** Not later than October 1, 1993, the Commissioner shall develop and publish in the Federal Register indicators of minimum compliance consistent with the standards set forth in section 725.

(c) Onsite Compliance Reviews

(1) Reviews

The Commissioner shall annually conduct onsite compliance reviews of at least 15 percent of the centers for independent living that receive funds under section 722 and shall periodically conduct such a review of each such center. The Commissioner shall annually conduct onsite compliance reviews of at least one-third of the designated State units that receive funding under section 723, and, to the extent necessary to determine the compliance of such a State unit with subsections (f) and (g) of section 723, centers that receive funding under section 723 in such State. The Commissioner shall select the centers and State units described in this paragraph for review on a random basis.

(2) Qualifications of employees conducting reviews

The Commissioner shall--

(A) to the maximum extent practicable, carry out such a review by using employees of the Department who are knowledgeable about the provision of independent living services;

(B) ensure that the employee of the Department with responsibility for supervising such a review shall have such knowledge; and

(C) ensure that at least one member of a team conducting such a review shall be an individual who--

(i) is not a government employee; and

(ii) has experience in the operation of centers for independent living.

(d) Reports

The Commissioner shall include, in the annual report required under section 13, information on the extent to which centers for independent living receiving funds under part C have complied with the standards and assurances set forth in section 725. The Commissioner may identify individual centers for independent living in the analysis. The Commissioner shall report the results of onsite compliance reviews, identifying individual centers for independent living and other recipients of assistance under this chapter.

Part b--Independent Living Services

Sec. 711. Allotments

(a) In General

(1) States

(A) Population basis

Except as provided in subparagraphs (B) and (C), from sums appropriated for each fiscal year to carry out this part, the Commissioner shall make an allotment to each State whose State plan has been approved under section 706 of an amount bearing the same ratio to such sums as the population of the State bears to the population of all States.

(B) Maintenance of 1992 amounts

Subject to the availability of appropriations to carry out this part, the amount of any allotment made under subparagraph (A) to a State for a fiscal year shall not be less than the amount of an allotment made to the State for fiscal year 1992 under part A of this title, as in effect on the day before the date of enactment of the Rehabilitation Act Amendments of 1992.

(C) Minimums

Subject to the availability of appropriations to carry out this part, and except as provided in subparagraph (B), the allotment to any State under subparagraph (A) shall be not less than \$275,000 or one-third of one percent of the sums made available for the fiscal year for which the allotment is made, whichever is greater, and the allotment of any State under this section for any fiscal year that is less than \$275,000 or one-third of one percent of such sums shall be increased to the greater of the two amounts.

(2) Certain territories

(A) In general

For the purposes of paragraph (1)(C), Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands shall not be considered to be States.

(B) Allotment

Each jurisdiction described in subparagraph (A) shall be allotted under paragraph (1)(A) not less than one-eighth of one percent of the amounts made available for purposes of this part for the fiscal year for which the allotment is made.

(3) Adjustment for inflation

For any fiscal year, beginning in fiscal year 1999, in which the total amount appropriated to carry out this part exceeds the total amount appropriated to carry out this part for the preceding fiscal year, the Commissioner shall increase the minimum allotment under paragraph (1)(C) by a percentage that shall not exceed the percentage increase in the total amount appropriated to carry out this part between the preceding fiscal year and the fiscal year involved.

(b) Proportional Reduction

To provide allotments to States in accordance with subsection (a)(1)(B), to provide minimum allotments to States (as increased under subsection (a)(3)) under subsection (a)(1)(C), or to provide minimum allotments to States under subsection (a)(2)(B), the Commissioner shall proportionately reduce the allotments of the remaining States under subsection (a)(1)(A), with such adjustments as may be necessary to prevent the allotment of any such remaining State from being reduced to less than the amount required by subsection (a)(1)(B).

(c) Reallotment

Whenever the Commissioner determines that any amount of an allotment to a State for any fiscal year will not be expended by such State in carrying out the provisions of this part, the Commissioner shall make such amount available for carrying out the provisions of this part to one or more of the States that the Commissioner determines will be able to use additional amounts during such year for carrying out such provisions. Any amount made available to a State for any fiscal year pursuant to the preceding sentence shall, for the purposes of this section, be regarded as an increase in the allotment of the State (as determined under the preceding provisions of this section) for such year.

Sec. 712. Payments to States from Allotments

(a) Payments

From the allotment of each State for a fiscal year under section 711, the State shall be paid the Federal share of the expenditures incurred during such year under its State plan approved under section 706. Such payments may be made (after necessary adjustments on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments and on such conditions as the Commissioner may determine.

(b) Federal Share

(1) In general

The Federal share with respect to any State for any fiscal year shall be 90 percent of the expenditures incurred by the State during such year under its State plan approved under section 706.

(2) Non-federal share

The non-Federal share of the cost of any project that receives assistance through an allotment under this part may be provided in cash or in kind, fairly evaluated, including plant, equipment, or services.

Sec. 713. Authorized Uses of Funds

The State may use funds received under this part to provide the resources described in section 705(e), relating to the Statewide Independent Living Council, and may use funds received under this part--

- (1) to provide independent living services to individuals with significant disabilities;
- (2) to demonstrate ways to expand and improve independent living services;
- (3) to support the operation of centers for independent living that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725;
- (4) to support activities to increase the capacities of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services;
- (5) to conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers in order to enhance independent living services for individuals with disabilities;
- (6) to train individuals with disabilities and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy; and
- (7) to provide outreach to populations that are unserved or underserved by programs under this title, including minority groups and urban and rural populations.

Sec. 714. Authorization of Appropriations

There are authorized to be appropriated to carry out this part such sums as may be necessary for each of the fiscal years 1999 through 2003.

Part C--Centers for Independent Living

Sec. 721. Program Authorization

(a) In General

From the funds appropriated for fiscal year 1999 and for each subsequent fiscal year to carry out this part, the Commissioner shall allot such sums as may be necessary to States and other entities in accordance with subsections (b) through (d).

(b) Training

(1) Grants; contracts; other arrangements

For any fiscal year in which the funds appropriated to carry out this part exceed the funds appropriated to carry out this part for fiscal year 1993, the Commissioner shall first reserve from such excess, to provide training and technical assistance to eligible agencies, centers for independent living, and Statewide Independent Living Councils for such fiscal year, not less than 1.8 percent, and not more than 2 percent, of the funds appropriated to carry out this part for the fiscal year involved.

(2) Allocation

From the funds reserved under paragraph (1), the Commissioner shall make grants to, and enter into contracts and other arrangements with, entities that have experience in the operation of centers for independent living to provide such training and technical assistance with respect to planning, developing, conducting, administering, and evaluating centers for independent living.

(3) Funding priorities

The Commissioner shall conduct a survey of Statewide Independent Living Councils and centers for independent living regarding training and technical assistance needs in order to determine funding priorities for such grants, contracts, and other arrangements.

(4) Review

To be eligible to receive a grant or enter into a contract or other arrangement under this subsection, such an entity shall submit an application to the Commissioner at such time, in such manner, and containing a proposal to provide such training and technical assistance, and containing such additional information as the Commissioner may require. The Commissioner shall provide for peer review of grant applications by panels that include persons who are not government employees and who have experience in the operation of centers for independent living.

(5) Prohibition on combined funds

No funds reserved by the Commissioner under this subsection may be combined with funds appropriated under any other Act or part of this Act if the purpose of combining funds is to make a single discretionary grant or a single discretionary payment, unless such funds appropriated under this chapter are separately identified in such grant or payment and are used for the purposes of this chapter.

(c) In General

(1) States

(A) Population basis

After the reservation required by subsection (b) has been made, and except as provided in subparagraphs (B) and (C), from the remainder of the amounts appropriated for each such fiscal year to carry out this part, the Commissioner shall make an allotment to each State whose State plan has been approved under section 706 of an amount bearing the same ratio to such remainder as the population of the State bears to the population of all States.

(B) Maintenance of 1992 amounts

Subject to the availability of appropriations to carry out this part, the amount of any allotment made under subparagraph (A) to a State for a fiscal year shall not be less than the amount of financial assistance received by centers for independent living in the State for fiscal year 1992 under part B of this title, as in effect on the day before the date of enactment of the Rehabilitation Act Amendments of 1992.

(C) Minimums

Subject to the availability of appropriations to carry out this part and except as provided in subparagraph (B), for a fiscal year in which the amounts appropriated to carry out this part exceed the amounts appropriated for fiscal year 1992 to carry out part B of this title, as in effect on the day before the date of enactment of the Rehabilitation Act Amendments of 1992--

(i) if such excess is not less than \$8,000,000, the allotment to any State under subparagraph (A) shall be not less than \$450,000 or one-third of one percent of the sums made available for the fiscal year for which the allotment is made, whichever is greater, and the allotment of any State under this section for any fiscal year that is less than \$450,000 or one-third of one percent of such sums shall be increased to the greater of the two amounts;

(ii) if such excess is not less than \$4,000,000 and is less than \$8,000,000, the allotment to any State under subparagraph (A) shall be not less than \$400,000 or one-third of one percent of the

sums made available for the fiscal year for which the allotment is made, whichever is greater, and the allotment of any State under this section for any fiscal year that is less than \$400,000 or one-third of one percent of such sums shall be increased to the greater of the two amounts; and

(iii) if such excess is less than \$4,000,000, the allotment to any State under subparagraph (A) shall approach, as nearly as possible, the greater of the two amounts described in clause (ii).

(2) Certain territories

(A) In general

For the purposes of paragraph (1)(C), Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands shall not be considered to be States.

(B) Allotment

Each jurisdiction described in subparagraph (A) shall be allotted under paragraph (1)(A) not less than one-eighth of one percent of the remainder for the fiscal year for which the allotment is made.

(3) Adjustment for inflation

For any fiscal year, beginning in fiscal year 1999, in which the total amount appropriated to carry out this part exceeds the total amount appropriated to carry out this part for the preceding fiscal year, the Commissioner shall increase the minimum allotment under paragraph (1)(C) by a percentage that shall not exceed the percentage increase in the total amount appropriated to carry out this part between the preceding fiscal year and the fiscal year involved.

(4) Proportional reduction

To provide allotments to States in accordance with paragraph (1)(B), to provide minimum allotments to States (as increased under paragraph (3)) under paragraph (1)(C), or to provide minimum allotments to States under paragraph (2)(B), the Commissioner shall proportionately reduce the allotments of the remaining States under paragraph (1)(A), with such adjustments as may be necessary to prevent the allotment of any such remaining State from being reduced to less than the amount required by paragraph (1)(B).

(d) Reallotment

Whenever the Commissioner determines that any amount of an allotment to a State for any fiscal year will not be expended by such State for carrying out the provisions of this part, the Commissioner shall make such amount available for carrying out the provisions of this part to one or more of the States that the Commissioner determines will be able to use additional

amounts during such year for carrying out such provisions. Any amount made available to a State for any fiscal year pursuant to the preceding sentence shall, for the purposes of this section, be regarded as an increase in the allotment of the State (as determined under the preceding provisions of this section) for such year.

Sec. 722. Grants to Centers for Independent Living in States in Which Federal Funding Exceeds State Funding

(a) Establishment

(1) In general

Unless the director of a designated State unit awards grants under section 723 to eligible agencies in a State for a fiscal year, the Commissioner shall award grants under this section to such eligible agencies for such fiscal year from the amount of funds allotted to the State under subsection (c) or (d) of section 721 for such year.

(2) Grants

The Commissioner shall award such grants, from the amount of funds so allotted, to such eligible agencies for the planning, conduct, administration, and evaluation of centers for independent living that comply with the standards and assurances set forth in section 725.

(b) Eligible Agencies

In any State in which the Commissioner has approved the State plan required by section 704, the Commissioner may make a grant under this section to any eligible agency that--

(1) has the power and authority to carry out the purpose of this part and perform the functions set forth in section 725 within a community and to receive and administer funds under this part, funds and contributions from private or public sources that may be used in support of a center for independent living, and funds from other public and private programs;

(2) is determined by the Commissioner to be able to plan, conduct, administer, and evaluate a center for independent living consistent with the standards and assurances set forth in section 725; and

(3) submits an application to the Commissioner at such time, in such manner, and containing such information as the Commissioner may require.

(c) Existing Eligible Agencies

In the administration of the provisions of this section, the Commissioner shall award grants to any eligible agency that has been awarded a grant under this part by September 30, 1997, unless the Commissioner makes a finding that the agency involved fails to meet program and fiscal standards and assurances set forth in section 725.

(d) New Centers for Independent Living

(1) In general

If there is no center for independent living serving a region of the State or a region is underserved, and the increase in the allotment of the State is sufficient to support an additional center for independent living in the State, the Commissioner may award a grant under this section to the most qualified applicant proposing to serve such region, consistent with the provisions in the State plan setting forth the design of the State for establishing a statewide network of centers for independent living.

(2) Selection

In selecting from among applicants for a grant under this section for a new center for independent living, the Commissioner--

(A) shall consider comments regarding the application, if any, by the Statewide Independent Living Council in the State in which the applicant is located;

(B) shall consider the ability of each such applicant to operate a center for independent living based on--

(i) evidence of the need for such a center;

(ii) any past performance of such applicant in providing services comparable to independent living services;

(iii) the plan for satisfying or demonstrated success in satisfying the standards and the assurances set forth in section 725;

(iv) the quality of key personnel and the involvement of individuals with significant disabilities;

(v) budgets and cost-effectiveness;

(vi) an evaluation plan; and

(vii) the ability of such applicant to carry out the plans; and

(C) shall give priority to applications from applicants proposing to serve geographic areas within each State that are currently unserved or underserved by independent living programs, consistent with the provisions of the State plan submitted under section 704 regarding establishment of a statewide network of centers for independent living.

(3) Current centers

Notwithstanding paragraphs (1) and (2), a center for independent living that receives assistance under part B for a fiscal year shall be eligible for a grant for the subsequent fiscal year under this subsection.

(e) Order of Priorities

The Commissioner shall be guided by the following order of priorities in allocating funds among centers for independent living within a State, to the extent funds are available:

(1) The Commissioner shall support existing centers for independent living, as described in subsection (c), that comply with the standards and assurances set forth in section 725, at the level of funding for the previous year.

(2) The Commissioner shall provide for a cost-of-living increase for such existing centers for independent living.

(3) The Commissioner shall fund new centers for independent living, as described in subsection (d), that comply with the standards and assurances set forth in section 725.

(f) Nonresidential Agencies

A center that provides or manages residential housing after October 1, 1994, shall not be considered to be an eligible agency under this section.

(g) Review

(1) In general

The Commissioner shall periodically review each center receiving funds under this section to determine whether such center is in compliance with the standards and assurances set forth in section 725. If the Commissioner determines that any center receiving funds under this section is not in compliance with the standards and assurances set forth in section 725, the Commissioner shall immediately notify such center that it is out of compliance.

(2) Enforcement

The Commissioner shall terminate all funds under this section to such center 90 days after the date of such notification unless the center submits a plan to achieve compliance within 90 days of such notification and such plan is approved by the Commissioner.

Sec. 723. Grants to Centers for Independent Living in States in Which State Funding Equals or Exceeds Federal Funding

(a) Establishment

(1) In general

(A) Initial year

(i) Determination

The director of a designated State unit, as provided in paragraph (2), or the Commissioner, as provided in paragraph (3), shall award grants under this section for an initial fiscal year if the Commissioner determines that the amount of State funds that were earmarked by a State for a preceding fiscal year to support the general operation of centers for independent living meeting the requirements of this part equaled or exceeded the amount of funds allotted to the State under subsection (c) or (d) of section 721 for such year.

(ii) Grants

The director or the Commissioner, as appropriate, shall award such grants, from the amount of funds so allotted for the initial fiscal year, to eligible agencies in the State for the planning, conduct, administration, and evaluation of centers for independent living that comply with the standards and assurances set forth in section 725.

(iii) Regulation

The Commissioner shall by regulation specify the preceding fiscal year with respect to which the Commissioner will make the determinations described in clause (i) and subparagraph (B), making such adjustments as may be necessary to accommodate State funding cycles such as 2-year funding cycles or State fiscal years that do not coincide with the Federal fiscal year.

(B) Subsequent years

For each year subsequent to the initial fiscal year described in subparagraph (A), the director of the designated State unit shall continue to have the authority to award such grants under this section if the Commissioner determines that the State continues to earmark the amount of State funds described in subparagraph (A)(i). If the State does not continue to earmark such an amount for a fiscal year, the State shall be ineligible to make grants under this section after a final year

following such fiscal year, as defined in accordance with regulations established by the Commissioner, and for each subsequent fiscal year.

(2) Grants by designated state units

In order for the designated State unit to be eligible to award the grants described in paragraph (1) and carry out this section for a fiscal year with respect to a State, the designated State agency shall submit an application to the Commissioner at such time, and in such manner as the Commissioner may require, including information about the amount of State funds described in paragraph (1) for the preceding fiscal year. If the Commissioner makes a determination described in subparagraph (A)(i) or (B), as appropriate, of paragraph (1), the Commissioner shall approve the application and designate the director of the designated State unit to award the grant and carry out this section.

(3) Grants by commissioner

If the designated State agency of a State described in paragraph (1) does not submit and obtain approval of an application under paragraph (2), the Commissioner shall award the grant described in paragraph (1) to eligible agencies in the State in accordance with section 722.

(b) Eligible Agencies

In any State in which the Commissioner has approved the State plan required by section 704, the director of the designated State unit may award a grant under this section to any eligible agency that--

(1) has the power and authority to carry out the purpose of this part and perform the functions set forth in section 725 within a community and to receive and administer funds under this part, funds and contributions from private or public sources that may be used in support of a center for independent living, and funds from other public and private programs;

(2) is determined by the director to be able to plan, conduct, administer, and evaluate a center for independent living, consistent with the standards and assurances set forth in section 725; and

(3) submits an application to the director at such time, in such manner, and containing such information as the head of the designated State unit may require.

(c) Existing Eligible Agencies

In the administration of the provisions of this section, the director of the designated State unit shall award grants under this section to any eligible agency that has been awarded a grant under this part by September 30, 1997, unless the director makes a finding that the agency involved fails to comply with the standards and assurances set forth in section 725.

(d) New Centers for Independent Living

(1) In general

If there is no center for independent living serving a region of the State or the region is unserved or underserved, and the increase in the allotment of the State is sufficient to support an additional center for independent living in the State, the director of the designated State unit may award a grant under this section from among eligible agencies, consistent with the provisions of the State plan under section 704 setting forth the design of the State for establishing a statewide network of centers for independent living.

(2) Selection

In selecting from among eligible agencies in awarding a grant under this part for a new center for independent living--

(A) the director of the designated State unit and the chairperson of, or other individual designated by, the Statewide Independent Living Council acting on behalf of and at the direction of the Council, shall jointly appoint a peer review committee that shall rank applications in accordance with the standards and assurances set forth in section 725 and criteria jointly established by such director and such chairperson or individual;

(B) the peer review committee shall consider the ability of each such applicant to operate a center for independent living, and shall recommend an applicant to receive a grant under this section, based on--

(i) evidence of the need for a center for independent living, consistent with the State plan;

(ii) any past performance of such applicant in providing services comparable to independent living services;

(iii) the plan for complying with, or demonstrated success in complying with, the standards and the assurances set forth in section 725;

(iv) the quality of key personnel of the applicant and the involvement of individuals with significant disabilities by the applicant;

(v) the budgets and cost-effectiveness of the applicant;

(vi) the evaluation plan of the applicant; and

(vii) the ability of such applicant to carry out the plans; and

(C) the director of the designated State unit shall award the grant on the basis of the recommendations of the peer review committee if the actions of the committee are consistent with Federal and State law.

(3) Current centers

Notwithstanding paragraphs (1) and (2), a center for independent living that receives assistance under part B for a fiscal year shall be eligible for a grant for the subsequent fiscal year under this subsection.

(e) Order of Priorities

Unless the director of the designated State unit and the chairperson of the Council or other individual designated by the Council acting on behalf of and at the direction of the Council jointly agree on another order of priority, the director shall be guided by the following order of priorities in allocating funds among centers for independent living within a State, to the extent funds are available:

(1) The director of the designated State unit shall support existing centers for independent living, as described in subsection (c), that comply with the standards and assurances set forth in section 725, at the level of funding for the previous year.

(2) The director of the designated State unit shall provide for a cost-of-living increase for such existing centers for independent living.

(3) The director of the designated State unit shall fund new centers for independent living, as described in subsection (d), that comply with the standards and assurances set forth in section 725.

(f) Nonresidential Agencies

A center that provides or manages residential housing after October 1, 1994, shall not be considered to be an eligible agency under this section.

(g) Review

(1) In general

The director of the designated State unit shall periodically review each center receiving funds under this section to determine whether such center is in compliance with the standards and assurances set forth in section 725. If the director of the designated State unit determines that any center receiving funds under this section is not in compliance with the standards and assurances

set forth in section 725, the director of the designated State unit shall immediately notify such center that it is out of compliance.

(2) Enforcement

The director of the designated State unit shall terminate all funds under this section to such center 90 days after--

(A) the date of such notification; or

(B) in the case of a center that requests an appeal under subsection (i), the date of any final decision under subsection (i), unless the center submits a plan to achieve compliance within 90 days and such plan is approved by the director, or if appealed, by the Commissioner.

(h) Onsite Compliance Review

The director of the designated State unit shall annually conduct onsite compliance reviews of at least 15 percent of the centers for independent living that receive funding under this section in the State. Each team that conducts onsite compliance review of centers for independent living shall include at least one person who is not an employee of the designated State agency, who has experience in the operation of centers for independent living, and who is jointly selected by the director of the designated State unit and the chairperson of or other individual designated by the Council acting on behalf of and at the direction of the Council. A copy of this review shall be provided to the Commissioner.

(i) Adverse Actions

If the director of the designated State unit proposes to take a significant adverse action against a center for independent living, the center may seek mediation and conciliation to be provided by an individual or individuals who are free of conflicts of interest identified by the chairperson of or other individual designated by the Council. If the issue is not resolved through the mediation and conciliation, the center may appeal the proposed adverse action to the Commissioner for a final decision.

Sec. 724. Centers Operated by State Agencies

A State that receives assistance for fiscal year 1993 with respect to a center in accordance with subsection (a) of this section (as in effect on the day before the date of enactment of the Rehabilitation Act Amendments of 1998) may continue to receive assistance under this part for fiscal year 1994 or a succeeding fiscal year if, for such fiscal year--

(1) no nonprofit private agency--

(A) submits an acceptable application to operate a center for independent living for the fiscal year before a date specified by the Commissioner; and

(B) obtains approval of the application under section 722 or 723; or

(2) after funding all applications so submitted and approved, the Commissioner determines that funds remain available to provide such assistance.

Sec. 725. Standards and Assurances for Centers for Independent Living

(a) In General

Each center for independent living that receives assistance under this part shall comply with the standards set out in subsection (b) and provide and comply with the assurances set out in subsection (c) in order to ensure that all programs and activities under this part are planned, conducted, administered, and evaluated in a manner consistent with the purposes of this chapter and the objective of providing assistance effectively and efficiently.

(b) Standards

(1) Philosophy

The center shall promote and practice the independent living philosophy of--

(A) consumer control of the center regarding decisionmaking, service delivery, management, and establishment of the policy and direction of the center;

(B) self-help and self-advocacy;

(C) development of peer relationships and peer role models; and

(D) equal access of individuals with significant disabilities to society and to all services, programs, activities, resources, and facilities, whether public or private and regardless of the funding source.

(2) Provision of services

The center shall provide services to individuals with a range of significant disabilities. The center shall provide services on a cross-disability basis (for individuals with all different types of significant disabilities, including individuals with significant disabilities who are members of populations that are unserved or underserved by programs under this title). Eligibility for services at any center for independent living shall be determined by the center, and shall not be based on the presence of any one or more specific significant disabilities.

(3) Independent living goals

The center shall facilitate the development and achievement of independent living goals selected by individuals with significant disabilities who seek such assistance by the center.

(4) Community options

The center shall work to increase the availability and improve the quality of community options for independent living in order to facilitate the development and achievement of independent living goals by individuals with significant disabilities.

(5) Independent living core services

The center shall provide independent living core services and, as appropriate, a combination of any other independent living services.

(6) Activities to increase community capacity

The center shall conduct activities to increase the capacity of communities within the service area of the center to meet the needs of individuals with significant disabilities.

(7) Resource development activities

The center shall conduct resource development activities to obtain funding from sources other than this chapter.

(c) Assurances

The eligible agency shall provide at such time and in such manner as the Commissioner may require, such satisfactory assurances as the Commissioner may require, including satisfactory assurances that--

(1) the applicant is an eligible agency;

(2) the center will be designed and operated within local communities by individuals with disabilities, including an assurance that the center will have a Board that is the principal governing body of the center and a majority of which shall be composed of individuals with significant disabilities;

(3) the applicant will comply with the standards set forth in subsection (b);

(4) the applicant will establish clear priorities through annual and 3-year program and financial planning objectives for the center, including overall goals or a mission for the center, a work plan for achieving the goals or mission, specific objectives, service priorities, and types of services to be provided, and a description that shall demonstrate how the proposed activities of the applicant are consistent with the most recent 3-year State plan under section 704;

(5) the applicant will use sound organizational and personnel assignment practices, including taking affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503;

(6) the applicant will ensure that the majority of the staff, and individuals in decisionmaking positions, of the applicant are individuals with disabilities;

(7) the applicant will practice sound fiscal management, including making arrangements for an annual independent fiscal audit, notwithstanding section 7502(a)(2)(A) of title 31, United States Code;

(8) the applicant will conduct annual self-evaluations, prepare an annual report, and maintain records adequate to measure performance with respect to the standards, containing information regarding, at a minimum--

(A) the extent to which the center is in compliance with the standards;

(B) the number and types of individuals with significant disabilities receiving services through the center;

(C) the types of services provided through the center and the number of individuals with significant disabilities receiving each type of service;

(D) the sources and amounts of funding for the operation of the center;

(E) the number of individuals with significant disabilities who are employed by, and the number who are in management and decisionmaking positions in, the center; and

(F) a comparison, when appropriate, of the activities of the center in prior years with the activities of the center in the most recent year;

(9) individuals with significant disabilities who are seeking or receiving services at the center will be notified by the center of the existence of, the availability of, and how to contact, the client assistance program;

(10) aggressive outreach-regarding services provided through the center will be conducted in an effort to reach populations of individuals with significant disabilities that are unserved or underserved by programs under this title, especially minority groups and urban and rural populations;

(11) staff at centers for independent living will receive training on how to serve such unserved and underserved populations, including minority groups and urban and rural populations;

(12) the center will submit to the Statewide Independent Living Council a copy of its approved grant application and the annual report required under paragraph (8);

(13) the center will prepare and submit a report to the designated State unit or the Commissioner, as the case may be, at the end of each fiscal year that contains the information described in paragraph (8) and information regarding the extent to which the center is in compliance with the standards set forth in subsection (b); and

(14) an independent living plan described in section 704(e) will be developed unless the individual who would receive services under the plan signs a waiver stating that such a plan is unnecessary.

Sec. 726. Definitions

As used in this part, the term "eligible agency" means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency.

Sec. 727. Authorization of Appropriations

There are authorized to be appropriated to carry out this part such sums as may be necessary for each of the fiscal years 1999 through 2003.

Chapter 2--Independent Living Services for Older Individuals Who are Blind

Sec. 751. Definition

For purposes of this chapter, the term "older individual who is blind" means an individual age 55 or older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible.

Sec. 752. Program of Grants

(a) In General

(1) Authority for grants

Subject to subsections (b) and (c), the Commissioner may make grants to States for the purpose of providing the services described in subsection (d) to older individuals who are blind.

(2) Designated state agency

The Commissioner may not make a grant under subsection (a) unless the State involved agrees that the grant will be administered solely by the agency described in section 101(a)(2)(A)(i).

(b) Contingent Competitive Grants

Beginning with fiscal year 1993, in the case of any fiscal year for which the amount appropriated under section 753 is less than \$13,000,000, grants made under subsection (a) shall be--

(1) discretionary grants made on a competitive basis to States; or

(2) grants made on a noncompetitive basis to pay for the continuation costs of activities for which a grant was awarded--

(A) under this chapter; or

(B) under part C, as in effect on the day before the date of enactment of the Rehabilitation Act Amendments of 1992.

(c) Contingent Formula Grants

(1) In general

In the case of any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13,000,000, grants under subsection (a) shall be made only to States and shall be made only from allotments under paragraph (2).

(2) Allotments

For grants under subsection (a) for a fiscal year described in paragraph (1), the Commissioner shall make an allotment to each State in an amount determined in accordance with subsection (j), and shall make a grant to the State of the allotment made for the State if the State submits to the Commissioner an application in accordance with subsection (i).

(d) Services Generally

The Commissioner may not make a grant under subsection (a) unless the State involved agrees that the grant will be expended only for purposes of--

- (1) providing independent living services to older individuals who are blind;
- (2) conducting activities that will improve or expand services for such individuals; and
- (3) conducting activities to help improve public understanding of the problems of such individuals.

(e) Independent Living Services

Independent living services for purposes of subsection (d)(1) include--

- (1) services to help correct blindness, such as--
 - (A) outreach services;
 - (B) visual screening;
 - (C) surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and
 - (D) hospitalization related to such services;
- (2) the provision of eyeglasses and other visual aids;
- (3) the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
- (4) mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
- (5) guide services, reader services, and transportation;
- (6) any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services;
- (7) independent living skills training, information and referral services, peer counseling, and individual advocacy training; and
- (8) other independent living services.

(f) Matching Funds

(1) In general

The Commissioner may not make a grant under subsection (a) unless the State involved agrees, with respect to the costs of the program to be carried out by the State pursuant to such subsection, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$9 of Federal funds provided in the grant.

(2) Determination of amount contributed

Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(g) Certain Expenditures of Grants

A State may expend a grant under subsection (a) to carry out the purposes specified in subsection (d) through grants to public and nonprofit private agencies or organizations.

(h) Requirement Regarding State Plan

The Commissioner may not make a grant under subsection (a) unless the State involved agrees that, in carrying out subsection (d)(1), the State will seek to incorporate into the State plan under section 704 any new methods and approaches relating to independent living services for older individuals who are blind.

(i) Application for Grant

(1) In general

The Commissioner may not make a grant under subsection (a) unless an application for the grant is submitted to the Commissioner and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Commissioner determines to be necessary to carry out this section (including agreements, assurances, and information with respect to any grants under subsection (j)(4)).

(2) Contents

An application for a grant under this section shall contain--

(A) an assurance that the agency described in subsection (a)(2) will prepare and submit to the Commissioner a report, at the end of each fiscal year, with respect to each project or program the

agency operates or administers under this section, whether directly or through a grant or contract. which report shall contain, at a minimum, information on--

- (i) the number and types of older individuals who are blind and are receiving services;
- (ii) the types of services provided and the number of older individuals who are blind and are receiving each type of service;
- (iii) the sources and amounts of funding for the operation of each project or program;
- (iv) the amounts and percentages of resources committed to each type of service provided;
- (v) data on actions taken to employ, and advance in employment, qualified individuals with significant disabilities, including older individuals who are blind; and
- (vi) a comparison, if appropriate, of prior year activities with the activities of the most recent year;

(B) an assurance that the agency will--

(i) provide services that contribute to the maintenance of, or the increased independence of, older individuals who are blind; and

(ii) engage in--

- (I) capacity-building activities, including collaboration with other agencies and organizations;
- (II) activities to promote community awareness, involvement, and assistance; and
- (III) outreach efforts; and

(C) an assurance that the application is consistent with the State plan for providing independent living services required by section 704.

(j) Amount of Formula Grant

(1) In general

Subject to the availability of appropriations, the amount of an allotment under subsection (a) for a State for a fiscal year shall be the greater of--

(A) the amount determined under paragraph (2); or

(B) the amount determined under paragraph (3).

(2) Minimum allotment

(A) States

In the case of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, the amount referred to in subparagraph (A) of paragraph (1) for a fiscal year is the greater of--

(i) \$225,000; or

(ii) an amount equal to one-third of one percent of the amount appropriated under section 753 for the fiscal year and available for allotments under subsection (a).

(B) Certain territories

In the case of Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands, the amount referred to in subparagraph (A) of paragraph (1) for a fiscal year is \$40,000.

(3) Formula

The amount referred to in subparagraph (B) of paragraph (1) for a State for a fiscal year is the product of--

(A) the amount appropriated under section 753 and available for allotments under subsection (a); and

(B) a percentage equal to the quotient of--

(i) an amount equal to the number of individuals residing in the State who are not less than 55 years of age; divided by

(ii) an amount equal to the number of individuals residing in the United States who are not less than 55 years of age.

(4) Disposition of certain amounts

(A) Grants

From the amounts specified in subparagraph (B), the Commissioner may make grants to States whose population of older individuals who are blind has a substantial need for the services specified in subsection (d) relative to the populations in other States of older individuals who are blind.

(B) Amounts

The amounts referred to in subparagraph (A) are any amounts that are not paid to States under subsection (a) as a result of--

- (i) the failure of any State to submit an application under subsection (i);
- (ii) the failure of any State to prepare within a reasonable period of time such application in compliance with such subsection; ~~or~~
- (iii) any State informing the Commissioner that the State does not intend to expend the full amount of the allotment made for the State under subsection (a).

(C) Conditions

The Commissioner may not make a grant under subparagraph (A) unless the State involved agrees that the grant is subject to the same conditions as grants made under subsection (a).

Sec. 753. Authorization of Appropriations

There are authorized to be appropriated to carry out this chapter such sums as may be necessary for each of the fiscal years 1999 through 2003.



REHABILITATION SERVICES

*Services of the West Virginia Division of Rehabilitation Services
are provided on a non-discriminatory basis
without regard to race, color, sex, age, creed, disability or national origin.*

For More Information

**Contact Your Local Office
or Telephone Toll-Free**

1-800-642-8207

Service Code by Category

Medicine

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
90281	Immune globulin (Ig), human, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90283	Immune globulin (IgIV), human, for intravenous use	0.00	Active	Fixed/Per Unit	Purchase
90287	Botulinum antitoxin, equine, any route	0.00	Active	Fixed/Per Unit	Purchase
90288	Botulism immune globulin, human, for intravenous use	0.00	Active	Fixed/Per Unit	Purchase
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	0.00	Active	Fixed/Per Unit	Purchase
90296	Diphtheria antitoxin, equine, any route	0.00	Active	Fixed/Per Unit	Purchase
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90375	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90376	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	0.00	Active	Fixed/Per Unit	Purchase
90379	Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use	0.00	Active	Fixed/Per Unit	Purchase
90384	Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90385	Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90386	Rho(D) immune globulin (RhlgIV), human, for intravenous use	0.00	Active	Fixed/Per Unit	Purchase
90389	Tetanus immune globulin (TIG), human, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90393	Vaccinia immune globulin, human, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90396	Varicella-zoster immune globulin, human, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90399	Unlisted immune globulin	0.00	Active	Fixed/Per Unit	Purchase
90465	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day	0.00	Active	Fixed/Per Unit	Purchase
90466	Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
90467	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day	0.00	Active	Fixed/Per Unit	Purchase
90468	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	0.00	Active	Fixed/Per Unit	Purchase

90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	0.00	Active	Fixed/Per Unit	Purchase
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
90476	Adenovirus vaccine, type 4, live, for oral use	0.00	Active	Fixed/Per Unit	Purchase
90477	Adenovirus vaccine, type 7, live, for oral use	0.00	Active	Fixed/Per Unit	Purchase
90581	Anthrax vaccine, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	0.00	Active	Fixed/Per Unit	Purchase
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90660	Influenza virus vaccine, live, for intranasal use	0.00	Active	Fixed/Per Unit	Purchase
90665	Lyme disease vaccine, adult dosage, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90669	Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90675	Rabies vaccine, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90676	Rabies vaccine, for intradermal use	0.00	Active	Fixed/Per Unit	Purchase
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	0.00	Active	Fixed/Per Unit	Purchase
90690	Typhoid vaccine, live, oral	0.00	Active	Fixed/Per Unit	Purchase
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use	0.00	Active	Fixed/Per Unit	Purchase
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)	0.00	Active	Fixed/Per Unit	Purchase

90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than 7 years, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90703	Tetanus toxoid adsorbed, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90704	Mumps virus vaccine, live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90705	Measles virus vaccine, live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90706	Rubella virus vaccine, live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90708	Measles and rubella virus vaccine, live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90712	Poliovirus vaccine, (any type(s)) (OPV), live, for oral use	0.00	Active	Fixed/Per Unit	Purchase
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90716	Varicella virus vaccine, live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90717	Yellow fever vaccine, live, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90719	Diphtheria toxoid, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90725	Cholera vaccine for injectable use	0.00	Active	Fixed/Per Unit	Purchase
90727	Plague vaccine, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90735	Japanese encephalitis virus vaccine, for subcutaneous use	0.00	Active	Fixed/Per Unit	Purchase
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	0.00	Active	Fixed/Per Unit	Purchase
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase

90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	0.00	Active	Fixed/Per Unit	Purchase
90749	Unlisted vaccine/toxoid	0.00	Active	Fixed/Per Unit	Purchase
90760	Intravenous infusion, hydration; initial, up to 1 hour	69.09	Active	Fixed/Per Unit	Purchase
90761	Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for primary procedure)	24.73	Active	Fixed/Per Unit	Purchase
90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	82.22	Active	Fixed/Per Unit	Purchase
90766	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, up to 8 hours (List separately in addition to code for primary procedure)	30.61	Active	Fixed/Per Unit	Purchase
90767	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)	45.93	Active	Fixed/Per Unit	Purchase
90768	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	29.50	Active	Fixed/Per Unit	Purchase
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	19.69	Active	Fixed/Per Unit	Purchase
90773	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial	21.81	Active	Fixed/Per Unit	Purchase
90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	59.71	Active	Fixed/Per Unit	Purchase
90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	31.04	Active	Fixed/Per Unit	Purchase
90779	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion	0.00	Active	Fixed/Per Unit	Purchase
90801	Psychiatric diagnostic interview examination	169.57	Active	Fixed/Per Unit	Purchase
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	181.26	Active	Fixed/Per Unit	Purchase
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	73.45	Active	Fixed/Per Unit	Purchase
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	80.57	Active	Fixed/Per Unit	Purchase
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	109.99	Active	Fixed/Per Unit	Purchase

90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	118.53	Active	Fixed/Per Unit	Purchase
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	164.30	Active	Fixed/Per Unit	Purchase
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	171.79	Active	Fixed/Per Unit	Purchase
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	80.57	Active	Fixed/Per Unit	Purchase
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	89.41	Active	Fixed/Per Unit	Purchase
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	117.76	Active	Fixed/Per Unit	Purchase
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	125.60	Active	Fixed/Per Unit	Purchase
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	171.37	Active	Fixed/Per Unit	Purchase
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	178.18	Active	Fixed/Per Unit	Purchase
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	74.11	Active	Fixed/Per Unit	Purchase
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	80.87	Active	Fixed/Per Unit	Purchase
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	110.91	Active	Fixed/Per Unit	Purchase

90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	118.06	Active	Fixed/Per Unit	Purchase
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	165.30	Active	Fixed/Per Unit	Purchase
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	173.52	Active	Fixed/Per Unit	Purchase
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	79.45	Active	Fixed/Per Unit	Purchase
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	88.33	Active	Fixed/Per Unit	Purchase
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	118.80	Active	Fixed/Per Unit	Purchase
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	123.75	Active	Fixed/Per Unit	Purchase
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	171.68	Active	Fixed/Per Unit	Purchase
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	177.44	Active	Fixed/Per Unit	Purchase
90845	Psychoanalysis	102.87	Active	Fixed/Per Unit	Purchase
90846	Family psychotherapy (without the patient present)	106.99	Active	Fixed/Per Unit	Purchase
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	130.72	Active	Fixed/Per Unit	Purchase
90849	Multiple-family group psychotherapy	37.84	Active	Fixed/Per Unit	Purchase
90853	Group psychotherapy (other than of a multiple-family group)	35.38	Active	Fixed/Per Unit	Purchase
90857	Interactive group psychotherapy	38.46	Active	Fixed/Per Unit	Purchase

90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	57.57	Active	Fixed/Per Unit	Purchase
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	188.44	Active	Fixed/Per Unit	Purchase
90870	Electroconvulsive therapy (includes necessary monitoring)	153.80	Active	Fixed/Per Unit	Purchase
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	89.00	Active	Fixed/Per Unit	Purchase
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes	129.39	Active	Fixed/Per Unit	Purchase
90880	Hypnotherapy	137.50	Active	Fixed/Per Unit	Purchase
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	0.00	Active	Fixed/Per Unit	Purchase
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	57.38	Active	Fixed/Per Unit	Purchase
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	98.07	Active	Fixed/Per Unit	Purchase
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers	0.00	Active	Fixed/Per Unit	Purchase
90899	Unlisted psychiatric service or procedure	0.00	Active	Fixed/Per Unit	Purchase
90901	Biofeedback training by any modality	43.39	Active	Fixed/Per Unit	Purchase
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	102.29	Active	Fixed/Per Unit	Purchase
90918	End-stage renal disease (ESRD) related services per full month; for patients under two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	748.03	Active	Fixed/Per Unit	Purchase
90919	End-stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	550.97	Active	Fixed/Per Unit	Purchase
90920	End-stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	477.99	Active	Fixed/Per Unit	Purchase
90921	End-stage renal disease (ESRD) related services per full month; for patients twenty years of age and over	298.27	Active	Fixed/Per Unit	Purchase
90922	End-stage renal disease (ESRD) related services (less than full month), per day; for patients under two years of age	24.69	Active	Fixed/Per Unit	Purchase
90923	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age	18.11	Active	Fixed/Per Unit	Purchase
90924	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age	16.07	Active	Fixed/Per Unit	Purchase

90925	End-stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and over	10.88	Active	Fixed/Per Unit	Purchase
90935	Hemodialysis procedure with single physician evaluation	81.88	Active	Fixed/Per Unit	Purchase
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	135.22	Active	Fixed/Per Unit	Purchase
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	0.00	Active	Fixed/Per Unit	Purchase
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation	85.11	Active	Fixed/Per Unit	Purchase
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	138.03	Active	Fixed/Per Unit	Purchase
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	0.00	Active	Fixed/Per Unit	Purchase
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	0.00	Active	Fixed/Per Unit	Purchase
90997	Hemoperfusion (eg, with activated charcoal or resin)	111.29	Active	Fixed/Per Unit	Purchase
90999	Unlisted dialysis procedure, inpatient or outpatient	0.00	Active	Fixed/Per Unit	Purchase
91000	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)	49.37	Active	Fixed/Per Unit	Purchase
91000	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)	44.84	Active	Fixed/Per Unit	Purchase
91000	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)	4.53	Active	Fixed/Per Unit	Purchase
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;	227.19	Active	Fixed/Per Unit	Purchase
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;	78.71	Active	Fixed/Per Unit	Purchase
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;	148.48	Active	Fixed/Per Unit	Purchase
91011	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyt or similar stimulant	267.94	Active	Fixed/Per Unit	Purchase
91011	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyt or similar stimulant	94.17	Active	Fixed/Per Unit	Purchase
91011	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with mecholyt or similar stimulant	173.77	Active	Fixed/Per Unit	Purchase
91012	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies	284.61	Active	Fixed/Per Unit	Purchase
91012	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies	90.02	Active	Fixed/Per Unit	Purchase
91012	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study; with acid perfusion studies	194.59	Active	Fixed/Per Unit	Purchase
91020	Gastric motility (manometric) studies	240.81	Active	Fixed/Per Unit	Purchase
91020	Gastric motility (manometric) studies	90.25	Active	Fixed/Per Unit	Purchase
91020	Gastric motility (manometric) studies	150.56	Active	Fixed/Per Unit	Purchase

91022	Duodenal motility (manometric) study	236.65	Active	Fixed/Per Unit	Purchase
91022	Duodenal motility (manometric) study	90.94	Active	Fixed/Per Unit	Purchase
91022	Duodenal motility (manometric) study	145.71	Active	Fixed/Per Unit	Purchase
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	133.61	Active	Fixed/Per Unit	Purchase
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	56.64	Active	Fixed/Per Unit	Purchase
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	76.97	Active	Fixed/Per Unit	Purchase
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	244.11	Active	Fixed/Per Unit	Purchase
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	63.41	Active	Fixed/Per Unit	Purchase
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	180.70	Active	Fixed/Per Unit	Purchase
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	463.64	Active	Fixed/Per Unit	Purchase
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	97.25	Active	Fixed/Per Unit	Purchase
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	366.39	Active	Fixed/Per Unit	Purchase
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	164.08	Active	Fixed/Per Unit	Purchase
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	63.41	Active	Fixed/Per Unit	Purchase
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	100.67	Active	Fixed/Per Unit	Purchase
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	144.98	Active	Fixed/Per Unit	Purchase
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	70.64	Active	Fixed/Per Unit	Purchase
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	74.34	Active	Fixed/Per Unit	Purchase
91040	Esophageal balloon distension provocation study	448.85	Active	Fixed/Per Unit	Purchase
91040	Esophageal balloon distension provocation study	63.41	Active	Fixed/Per Unit	Purchase
91040	Esophageal balloon distension provocation study	385.44	Active	Fixed/Per Unit	Purchase
91052	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)	127.46	Active	Fixed/Per Unit	Purchase
91052	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)	48.41	Active	Fixed/Per Unit	Purchase
91052	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)	79.05	Active	Fixed/Per Unit	Purchase

91055	Gastric intubation, washings, and preparing slides for cytology (separate procedure)	154.31	Active	Fixed/Per Unit	Purchase
91055	Gastric intubation, washings, and preparing slides for cytology (separate procedure)	57.94	Active	Fixed/Per Unit	Purchase
91055	Gastric intubation, washings, and preparing slides for cytology (separate procedure)	96.37	Active	Fixed/Per Unit	Purchase
91060	Gastric saline load test	96.11	Active	Fixed/Per Unit	Purchase
91060	Gastric saline load test	29.18	Active	Fixed/Per Unit	Purchase
91060	Gastric saline load test	66.93	Active	Fixed/Per Unit	Purchase
91065	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	64.33	Active	Fixed/Per Unit	Purchase
91065	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	12.65	Active	Fixed/Per Unit	Purchase
91065	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	51.68	Active	Fixed/Per Unit	Purchase
91100	Intestinal bleeding tube, passage, positioning and monitoring	155.05	Active	Fixed/Per Unit	Purchase
91105	Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)	94.04	Active	Fixed/Per Unit	Purchase
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report	952.70	Active	Fixed/Per Unit	Purchase
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report	214.21	Active	Fixed/Per Unit	Purchase
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report	738.49	Active	Fixed/Per Unit	Purchase
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	441.88	Active	Fixed/Per Unit	Purchase
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	65.17	Active	Fixed/Per Unit	Purchase
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	376.71	Active	Fixed/Per Unit	Purchase
91122	Anorectal manometry	288.99	Active	Fixed/Per Unit	Purchase
91122	Anorectal manometry	118.62	Active	Fixed/Per Unit	Purchase
91122	Anorectal manometry	170.37	Active	Fixed/Per Unit	Purchase
91123	Pulsed irrigation of fecal impaction	0.00	Active	Fixed/Per Unit	Purchase
91132	Electrogastrography, diagnostic, transcutaneous;	31.76	Active	Fixed/Per Unit	Purchase
91132	Electrogastrography, diagnostic, transcutaneous;	31.76	Active	Fixed/Per Unit	Purchase
91132	Electrogastrography, diagnostic, transcutaneous;	0.00	Active	Fixed/Per Unit	Purchase
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	41.18	Active	Fixed/Per Unit	Purchase
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	41.18	Active	Fixed/Per Unit	Purchase
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	0.00	Active	Fixed/Per Unit	Purchase
91299	Unlisted diagnostic gastroenterology procedure	0.00	Active	Fixed/Per Unit	Purchase
91299	Unlisted diagnostic gastroenterology procedure	0.00	Active	Fixed/Per Unit	Purchase
91299	Unlisted diagnostic gastroenterology procedure	0.00	Active	Fixed/Per Unit	Purchase
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	74.36	Active	Fixed/Per Unit	Purchase
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits	136.60	Active	Fixed/Per Unit	Purchase

92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	67.55	Active	Fixed/Per Unit	Purchase
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits	100.67	Active	Fixed/Per Unit	Purchase
92015	Determination of refractive state	69.45	Active	Fixed/Per Unit	Purchase
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	155.18	Active	Fixed/Per Unit	Purchase
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited	80.11	Active	Fixed/Per Unit	Purchase
92020	Gonioscopy (separate procedure)	29.19	Active	Fixed/Per Unit	Purchase
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	59.77	Active	Fixed/Per Unit	Purchase
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	42.76	Active	Fixed/Per Unit	Purchase
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	17.01	Active	Fixed/Per Unit	Purchase
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	37.54	Active	Fixed/Per Unit	Purchase
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	22.61	Active	Fixed/Per Unit	Purchase
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	14.93	Active	Fixed/Per Unit	Purchase
92070	Fitting of contact lens for treatment of disease, including supply of lens	70.21	Active	Fixed/Per Unit	Purchase
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	51.32	Active	Fixed/Per Unit	Purchase
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	22.19	Active	Fixed/Per Unit	Purchase
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	29.13	Active	Fixed/Per Unit	Purchase
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	64.75	Active	Fixed/Per Unit	Purchase

92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	26.96	Active	Fixed/Per Unit	Purchase
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	37.79	Active	Fixed/Per Unit	Purchase
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	74.21	Active	Fixed/Per Unit	Purchase
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	30.53	Active	Fixed/Per Unit	Purchase
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	43.68	Active	Fixed/Per Unit	Purchase
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	89.21	Active	Fixed/Per Unit	Purchase
92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method	74.86	Active	Fixed/Per Unit	Purchase
92130	Tonography with water provocation	82.14	Active	Fixed/Per Unit	Purchase
92135	Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral	45.69	Active	Fixed/Per Unit	Purchase
92135	Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral	21.76	Active	Fixed/Per Unit	Purchase
92135	Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral	23.93	Active	Fixed/Per Unit	Purchase
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	94.13	Active	Fixed/Per Unit	Purchase
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	32.92	Active	Fixed/Per Unit	Purchase
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	61.21	Active	Fixed/Per Unit	Purchase
92140	Provocative tests for glaucoma, with interpretation and report, without tonography	57.21	Active	Fixed/Per Unit	Purchase
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	25.46	Active	Fixed/Per Unit	Purchase

92226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	23.00	Active	Fixed/Per Unit	Purchase
92230	Fluorescein angiography with interpretation and report	81.91	Active	Fixed/Per Unit	Purchase
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report	139.15	Active	Fixed/Per Unit	Purchase
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report	50.61	Active	Fixed/Per Unit	Purchase
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report	88.54	Active	Fixed/Per Unit	Purchase
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	274.44	Active	Fixed/Per Unit	Purchase
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	69.15	Active	Fixed/Per Unit	Purchase
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	205.29	Active	Fixed/Per Unit	Purchase
92250	Fundus photography with interpretation and report	75.14	Active	Fixed/Per Unit	Purchase
92250	Fundus photography with interpretation and report	26.96	Active	Fixed/Per Unit	Purchase
92250	Fundus photography with interpretation and report	48.18	Active	Fixed/Per Unit	Purchase
92260	Ophthalmodynamometry	19.23	Active	Fixed/Per Unit	Purchase
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report	96.48	Active	Fixed/Per Unit	Purchase
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report	51.03	Active	Fixed/Per Unit	Purchase
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report	45.45	Active	Fixed/Per Unit	Purchase
92270	Electro-oculography with interpretation and report	96.09	Active	Fixed/Per Unit	Purchase
92270	Electro-oculography with interpretation and report	50.99	Active	Fixed/Per Unit	Purchase
92270	Electro-oculography with interpretation and report	45.10	Active	Fixed/Per Unit	Purchase
92275	Electroretinography with interpretation and report	118.76	Active	Fixed/Per Unit	Purchase
92275	Electroretinography with interpretation and report	62.92	Active	Fixed/Per Unit	Purchase
92275	Electroretinography with interpretation and report	55.84	Active	Fixed/Per Unit	Purchase
92283	Color vision examination, extended, eg, anomaloscope or equivalent	39.82	Active	Fixed/Per Unit	Purchase
92283	Color vision examination, extended, eg, anomaloscope or equivalent	11.38	Active	Fixed/Per Unit	Purchase
92283	Color vision examination, extended, eg, anomaloscope or equivalent	28.44	Active	Fixed/Per Unit	Purchase
92284	Dark adaptation examination with interpretation and report	79.16	Active	Fixed/Per Unit	Purchase
92284	Dark adaptation examination with interpretation and report	14.69	Active	Fixed/Per Unit	Purchase
92284	Dark adaptation examination with interpretation and report	64.47	Active	Fixed/Per Unit	Purchase
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	46.28	Active	Fixed/Per Unit	Purchase
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	13.34	Active	Fixed/Per Unit	Purchase
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	32.94	Active	Fixed/Per Unit	Purchase
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count	140.98	Active	Fixed/Per Unit	Purchase

92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count	41.49	Active	Fixed/Per Unit	Purchase
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count	99.49	Active	Fixed/Per Unit	Purchase
92287	Special anterior segment photography with interpretation and report; with fluorescein angiography	120.59	Active	Fixed/Per Unit	Purchase
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	95.35	Active	Fixed/Per Unit	Purchase
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye	88.74	Active	Fixed/Per Unit	Purchase
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	96.01	Active	Fixed/Per Unit	Purchase
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens	79.17	Active	Fixed/Per Unit	Purchase
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	63.51	Active	Fixed/Per Unit	Purchase
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye	50.24	Active	Fixed/Per Unit	Purchase
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	63.82	Active	Fixed/Per Unit	Purchase
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens	53.36	Active	Fixed/Per Unit	Purchase
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	15.62	Active	Fixed/Per Unit	Purchase
92326	Replacement of contact lens	67.07	Active	Fixed/Per Unit	Purchase
92340	Fitting of spectacles, except for aphakia; monofocal	41.66	Active	Fixed/Per Unit	Purchase
92341	Fitting of spectacles, except for aphakia; bifocal	47.28	Active	Fixed/Per Unit	Purchase
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	50.51	Active	Fixed/Per Unit	Purchase
92352	Fitting of spectacle prosthesis for aphakia; monofocal	40.97	Active	Fixed/Per Unit	Purchase
92353	Fitting of spectacle prosthesis for aphakia; multifocal	49.97	Active	Fixed/Per Unit	Purchase
92354	Fitting of spectacle mounted low vision aid; single element system	325.65	Active	Fixed/Per Unit	Purchase
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	152.12	Active	Fixed/Per Unit	Purchase
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	42.43	Active	Fixed/Per Unit	Purchase
92370	Repair and refitting spectacles; except for aphakia	36.12	Active	Fixed/Per Unit	Purchase
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	25.01	Active	Fixed/Per Unit	Purchase
92499	Unlisted ophthalmological service or procedure	0.00	Active	Fixed/Per Unit	Purchase
92499	Unlisted ophthalmological service or procedure	0.00	Active	Fixed/Per Unit	Purchase
92499	Unlisted ophthalmological service or procedure	0.00	Active	Fixed/Per Unit	Purchase
92502	Otolaryngologic examination under general anesthesia	111.16	Active	Fixed/Per Unit	Purchase
92504	Binocular microscopy (separate diagnostic procedure)	26.70	Active	Fixed/Per Unit	Purchase

92506	Evaluation of speech, language, voice, communication, and/or auditory processing	131.75	Active	Fixed/Per Unit	Purchase
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	63.98	Active	Fixed/Per Unit	Purchase
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	30.43	Active	Fixed/Per Unit	Purchase
92511	Nasopharyngoscopy with endoscope (separate procedure)	155.84	Active	Fixed/Per Unit	Purchase
92512	Nasal function studies (eg, rhinomanometry)	66.29	Active	Fixed/Per Unit	Purchase
92516	Facial nerve function studies (eg, electroneuronography)	61.52	Active	Fixed/Per Unit	Purchase
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	54.69	Active	Fixed/Per Unit	Purchase
92526	Treatment of swallowing dysfunction and/or oral function for feeding	83.61	Active	Fixed/Per Unit	Purchase
92531	Spontaneous nystagmus, including gaze	0.00	Active	Fixed/Per Unit	Purchase
92532	Positional nystagmus test	0.00	Active	Fixed/Per Unit	Purchase
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)	0.00	Active	Fixed/Per Unit	Purchase
92534	Optokinetic nystagmus test	0.00	Active	Fixed/Per Unit	Purchase
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	59.66	Active	Fixed/Per Unit	Purchase
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	27.03	Active	Fixed/Per Unit	Purchase
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	32.63	Active	Fixed/Per Unit	Purchase
92542	Positional nystagmus test, minimum of 4 positions, with recording	58.74	Active	Fixed/Per Unit	Purchase
92542	Positional nystagmus test, minimum of 4 positions, with recording	21.26	Active	Fixed/Per Unit	Purchase
92542	Positional nystagmus test, minimum of 4 positions, with recording	37.48	Active	Fixed/Per Unit	Purchase
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	27.50	Active	Fixed/Per Unit	Purchase
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	7.72	Active	Fixed/Per Unit	Purchase
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	19.78	Active	Fixed/Per Unit	Purchase
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	47.47	Active	Fixed/Per Unit	Purchase
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	16.92	Active	Fixed/Per Unit	Purchase
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	30.55	Active	Fixed/Per Unit	Purchase
92545	Oscillating tracking test, with recording	42.73	Active	Fixed/Per Unit	Purchase
92545	Oscillating tracking test, with recording	15.30	Active	Fixed/Per Unit	Purchase
92545	Oscillating tracking test, with recording	27.43	Active	Fixed/Per Unit	Purchase
92546	Sinusoidal vertical axis rotational testing	86.50	Active	Fixed/Per Unit	Purchase
92546	Sinusoidal vertical axis rotational testing	18.53	Active	Fixed/Per Unit	Purchase
92546	Sinusoidal vertical axis rotational testing	67.97	Active	Fixed/Per Unit	Purchase
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	13.37	Active	Fixed/Per Unit	Purchase
92548	Computerized dynamic posturography	125.94	Active	Fixed/Per Unit	Purchase
92548	Computerized dynamic posturography	33.69	Active	Fixed/Per Unit	Purchase
92548	Computerized dynamic posturography	92.25	Active	Fixed/Per Unit	Purchase
92551	Screening test, pure tone, air only	0.00	Active	Fixed/Per Unit	Purchase
92552	Pure tone audiometry (threshold); air only	22.31	Active	Fixed/Per Unit	Purchase
92553	Pure tone audiometry (threshold); air and bone	33.46	Active	Fixed/Per Unit	Purchase

92555	Speech audiometry threshold;	20.23	Active	Fixed/Per Unit	Purchase
92556	Speech audiometry threshold; with speech recognition	30.34	Active	Fixed/Per Unit	Purchase
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	62.42	Active	Fixed/Per Unit	Purchase
92559	Audiometric testing of groups	0.00	Active	Fixed/Per Unit	Purchase
92560	Bekesy audiometry; screening	0.00	Active	Fixed/Per Unit	Purchase
92561	Bekesy audiometry; diagnostic	35.54	Active	Fixed/Per Unit	Purchase
92562	Loudness balance test, alternate binaural or monaural	21.27	Active	Fixed/Per Unit	Purchase
92563	Tone decay test	20.23	Active	Fixed/Per Unit	Purchase
92564	Short increment sensitivity index (SISI)	25.11	Active	Fixed/Per Unit	Purchase
92565	Stenger test, pure tone	20.92	Active	Fixed/Per Unit	Purchase
92567	Tympanometry (impedance testing)	28.61	Active	Fixed/Per Unit	Purchase
92568	Acoustic reflex testing; threshold	20.23	Active	Fixed/Per Unit	Purchase
92569	Acoustic reflex testing; decay	21.27	Active	Fixed/Per Unit	Purchase
92571	Filtered speech test	20.57	Active	Fixed/Per Unit	Purchase
92572	Staggered spondaic word test	4.88	Active	Fixed/Per Unit	Purchase
92573	Lombard test	19.19	Active	Fixed/Per Unit	Purchase
92575	Sensorineural acuity level test	13.92	Active	Fixed/Per Unit	Purchase
92576	Synthetic sentence identification test	24.07	Active	Fixed/Per Unit	Purchase
92577	Stenger test, speech	37.31	Active	Fixed/Per Unit	Purchase
92579	Visual reinforcement audiometry (VRA)	35.89	Active	Fixed/Per Unit	Purchase
92582	Conditioning play audiometry	35.89	Active	Fixed/Per Unit	Purchase
92583	Select picture audiometry	44.96	Active	Fixed/Per Unit	Purchase
92584	Electrocochleography	123.01	Active	Fixed/Per Unit	Purchase
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	122.89	Active	Fixed/Per Unit	Purchase
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	33.72	Active	Fixed/Per Unit	Purchase
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	89.17	Active	Fixed/Per Unit	Purchase
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	89.17	Active	Fixed/Per Unit	Purchase
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	74.15	Active	Fixed/Per Unit	Purchase
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	9.34	Active	Fixed/Per Unit	Purchase
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	64.81	Active	Fixed/Per Unit	Purchase
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	96.42	Active	Fixed/Per Unit	Purchase
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	22.53	Active	Fixed/Per Unit	Purchase
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	73.89	Active	Fixed/Per Unit	Purchase
92590	Hearing aid examination and selection; monaural	0.00	Active	Fixed/Per Unit	Purchase
92591	Hearing aid examination and selection; binaural	0.00	Active	Fixed/Per Unit	Purchase
92592	Hearing aid check; monaural	0.00	Active	Fixed/Per Unit	Purchase

92593	Hearing aid check; binaural	0.00	Active	Fixed/Per Unit	Purchase
92594	Electroacoustic evaluation for hearing aid; monaural	0.00	Active	Fixed/Per Unit	Purchase
92595	Electroacoustic evaluation for hearing aid; binaural	0.00	Active	Fixed/Per Unit	Purchase
92596	Ear protector attenuation measurements	31.04	Active	Fixed/Per Unit	Purchase
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	100.22	Active	Fixed/Per Unit	Purchase
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming	133.96	Active	Fixed/Per Unit	Purchase
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming	95.16	Active	Fixed/Per Unit	Purchase
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	86.85	Active	Fixed/Per Unit	Purchase
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	59.13	Active	Fixed/Per Unit	Purchase
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	0.00	Active	Fixed/Per Unit	Purchase
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	0.00	Active	Fixed/Per Unit	Purchase
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	115.88	Active	Fixed/Per Unit	Purchase
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	27.88	Active	Fixed/Per Unit	Purchase
92609	Therapeutic services for the use of speech-generating device, including programming and modification	62.15	Active	Fixed/Per Unit	Purchase
92610	Evaluation of oral and pharyngeal swallowing function	133.30	Active	Fixed/Per Unit	Purchase
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	133.30	Active	Fixed/Per Unit	Purchase
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;	156.05	Active	Fixed/Per Unit	Purchase
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only	52.72	Active	Fixed/Per Unit	Purchase
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	147.74	Active	Fixed/Per Unit	Purchase
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only	47.60	Active	Fixed/Per Unit	Purchase
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	207.91	Active	Fixed/Per Unit	Purchase
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only	57.49	Active	Fixed/Per Unit	Purchase
92620	Evaluation of central auditory function, with report; initial 60 minutes	50.09	Active	Fixed/Per Unit	Purchase
92621	Evaluation of central auditory function, with report; each additional 15 minutes	19.26	Active	Fixed/Per Unit	Purchase
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	49.40	Active	Fixed/Per Unit	Purchase
92626	Evaluation of auditory rehabilitation status; first hour	29.65	Active	Fixed/Per Unit	Purchase
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	29.65	Active	Fixed/Per Unit	Purchase
92630	Auditory rehabilitation; pre-lingual hearing loss	0.00	Active	Fixed/Per Unit	Purchase
92633	Auditory rehabilitation; post-lingual hearing loss	0.00	Active	Fixed/Per Unit	Purchase
92700	Unlisted otorhinolaryngological service or procedure	0.00	Active	Fixed/Per Unit	Purchase
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	355.63	Active	Fixed/Per Unit	Purchase

92953	Temporary transcutaneous pacing	15.68	Active	Fixed/Per Unit	Purchase
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	326.83	Active	Fixed/Per Unit	Purchase
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	317.80	Active	Fixed/Per Unit	Purchase
92970	Cardioassist-method of circulatory assist; internal	213.46	Active	Fixed/Per Unit	Purchase
92971	Cardioassist-method of circulatory assist; external	114.91	Active	Fixed/Per Unit	Purchase
92973	Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)	224.07	Active	Fixed/Per Unit	Purchase
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	204.88	Active	Fixed/Per Unit	Purchase
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	492.28	Active	Fixed/Per Unit	Purchase
92977	Thrombolysis, coronary; by intravenous infusion	360.84	Active	Fixed/Per Unit	Purchase
92978	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	312.05	Active	Fixed/Per Unit	Purchase
92978	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	111.33	Active	Fixed/Per Unit	Purchase
92978	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	200.72	Active	Fixed/Per Unit	Purchase
92979	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	193.55	Active	Fixed/Per Unit	Purchase
92979	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	90.91	Active	Fixed/Per Unit	Purchase
92979	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	102.64	Active	Fixed/Per Unit	Purchase
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	1,019.15	Active	Fixed/Per Unit	Purchase
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	283.67	Active	Fixed/Per Unit	Purchase
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	755.16	Active	Fixed/Per Unit	Purchase
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	202.92	Active	Fixed/Per Unit	Purchase
92986	Percutaneous balloon valvuloplasty; aortic valve	1,598.53	Active	Fixed/Per Unit	Purchase
92987	Percutaneous balloon valvuloplasty; mitral valve	1,664.25	Active	Fixed/Per Unit	Purchase
92990	Percutaneous balloon valvuloplasty; pulmonary valve	1,284.43	Active	Fixed/Per Unit	Purchase

92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	0.00	Active	Fixed/Per Unit	Purchase
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	0.00	Active	Fixed/Per Unit	Purchase
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	831.15	Active	Fixed/Per Unit	Purchase
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	199.56	Active	Fixed/Per Unit	Purchase
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	744.75	Active	Fixed/Per Unit	Purchase
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	379.41	Active	Fixed/Per Unit	Purchase
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	30.15	Active	Fixed/Per Unit	Purchase
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	19.12	Active	Fixed/Per Unit	Purchase
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	11.03	Active	Fixed/Per Unit	Purchase
93012	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; tracing only	240.70	Active	Fixed/Per Unit	Purchase
93014	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; physician review with interpretation and report only	32.11	Active	Fixed/Per Unit	Purchase
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report	124.36	Active	Fixed/Per Unit	Purchase
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report	28.45	Active	Fixed/Per Unit	Purchase
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	77.63	Active	Fixed/Per Unit	Purchase
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	18.26	Active	Fixed/Per Unit	Purchase
93024	Ergonovine provocation test	125.07	Active	Fixed/Per Unit	Purchase
93024	Ergonovine provocation test	72.14	Active	Fixed/Per Unit	Purchase
93024	Ergonovine provocation test	52.93	Active	Fixed/Per Unit	Purchase
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	320.09	Active	Fixed/Per Unit	Purchase
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	47.07	Active	Fixed/Per Unit	Purchase
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	273.02	Active	Fixed/Per Unit	Purchase
93040	Rhythm ECG, one to three leads; with interpretation and report	17.23	Active	Fixed/Per Unit	Purchase
93041	Rhythm ECG, one to three leads; tracing only without interpretation and report	6.96	Active	Fixed/Per Unit	Purchase

93042	Rhythm ECG, one to three leads; interpretation and report only	10.26	Active	Fixed/Per Unit	Purchase
93224	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation	189.81	Active	Fixed/Per Unit	Purchase
93225	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)	57.09	Active	Fixed/Per Unit	Purchase
93226	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report	100.60	Active	Fixed/Per Unit	Purchase
93227	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation	32.11	Active	Fixed/Per Unit	Purchase
93230	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation	203.04	Active	Fixed/Per Unit	Purchase
93231	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; recording (includes hook-up, recording, and disconnection)	72.09	Active	Fixed/Per Unit	Purchase
93232	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; microprocessor-based analysis with report	98.83	Active	Fixed/Per Unit	Purchase
93233	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; physician review and interpretation	32.11	Active	Fixed/Per Unit	Purchase
93235	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation	143.96	Active	Fixed/Per Unit	Purchase
93236	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; monitoring and real-time data analysis with report	115.84	Active	Fixed/Per Unit	Purchase
93237	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; physician review and interpretation	28.11	Active	Fixed/Per Unit	Purchase

93268	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation	329.90	Active	Fixed/Per Unit	Purchase
93270	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes hook-up, recording, and disconnection)	57.09	Active	Fixed/Per Unit	Purchase
93271	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; monitoring, receipt of transmissions, and analysis	240.70	Active	Fixed/Per Unit	Purchase
93272	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only	32.11	Active	Fixed/Per Unit	Purchase
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	75.07	Active	Fixed/Per Unit	Purchase
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	15.80	Active	Fixed/Per Unit	Purchase
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	59.27	Active	Fixed/Per Unit	Purchase
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	253.38	Active	Fixed/Per Unit	Purchase
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	78.68	Active	Fixed/Per Unit	Purchase
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	174.70	Active	Fixed/Per Unit	Purchase
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	135.47	Active	Fixed/Per Unit	Purchase
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	44.95	Active	Fixed/Per Unit	Purchase
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	90.52	Active	Fixed/Per Unit	Purchase
93307	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete	231.04	Active	Fixed/Per Unit	Purchase
93307	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete	56.34	Active	Fixed/Per Unit	Purchase
93307	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete	174.70	Active	Fixed/Per Unit	Purchase
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study	123.40	Active	Fixed/Per Unit	Purchase
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study	32.88	Active	Fixed/Per Unit	Purchase
93308	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study	90.52	Active	Fixed/Per Unit	Purchase
93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	317.09	Active	Fixed/Per Unit	Purchase
93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	134.56	Active	Fixed/Per Unit	Purchase

93312	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	182.53	Active	Fixed/Per Unit	Purchase
93313	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	58.06	Active	Fixed/Per Unit	Purchase
93314	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	258.75	Active	Fixed/Per Unit	Purchase
93314	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	76.22	Active	Fixed/Per Unit	Purchase
93314	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	182.53	Active	Fixed/Per Unit	Purchase
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	168.48	Active	Fixed/Per Unit	Purchase
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	168.48	Active	Fixed/Per Unit	Purchase
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	0.00	Active	Fixed/Per Unit	Purchase
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	57.33	Active	Fixed/Per Unit	Purchase
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	114.75	Active	Fixed/Per Unit	Purchase
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	114.75	Active	Fixed/Per Unit	Purchase
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	0.00	Active	Fixed/Per Unit	Purchase
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	134.42	Active	Fixed/Per Unit	Purchase
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	134.42	Active	Fixed/Per Unit	Purchase
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	0.00	Active	Fixed/Per Unit	Purchase
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	103.47	Active	Fixed/Per Unit	Purchase

93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	23.03	Active	Fixed/Per Unit	Purchase
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	80.44	Active	Fixed/Per Unit	Purchase
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	62.77	Active	Fixed/Per Unit	Purchase
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	10.19	Active	Fixed/Per Unit	Purchase
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	52.58	Active	Fixed/Per Unit	Purchase
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	143.67	Active	Fixed/Per Unit	Purchase
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	5.76	Active	Fixed/Per Unit	Purchase
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	137.91	Active	Fixed/Per Unit	Purchase
93350	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	175.46	Active	Fixed/Per Unit	Purchase
93350	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	91.18	Active	Fixed/Per Unit	Purchase
93350	Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	84.28	Active	Fixed/Per Unit	Purchase
93501	Right heart catheterization	977.40	Active	Fixed/Per Unit	Purchase
93501	Right heart catheterization	204.68	Active	Fixed/Per Unit	Purchase
93501	Right heart catheterization	772.72	Active	Fixed/Per Unit	Purchase
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	181.98	Active	Fixed/Per Unit	Purchase
93505	Endomyocardial biopsy	393.26	Active	Fixed/Per Unit	Purchase
93505	Endomyocardial biopsy	296.05	Active	Fixed/Per Unit	Purchase
93505	Endomyocardial biopsy	97.21	Active	Fixed/Per Unit	Purchase
93508	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization	847.62	Active	Fixed/Per Unit	Purchase

93508	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization	294.88	Active	Fixed/Per Unit	Purchase
93508	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization	552.74	Active	Fixed/Per Unit	Purchase
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	2,003.29	Active	Fixed/Per Unit	Purchase
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	311.26	Active	Fixed/Per Unit	Purchase
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	1,692.03	Active	Fixed/Per Unit	Purchase
93511	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown	2,004.42	Active	Fixed/Per Unit	Purchase
93511	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown	359.06	Active	Fixed/Per Unit	Purchase
93511	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; by cutdown	1,645.36	Active	Fixed/Per Unit	Purchase
93514	Left heart catheterization by left ventricular puncture	492.80	Active	Fixed/Per Unit	Purchase
93514	Left heart catheterization by left ventricular puncture	492.80	Active	Fixed/Per Unit	Purchase
93514	Left heart catheterization by left ventricular puncture	0.00	Active	Fixed/Per Unit	Purchase
93524	Combined transseptal and retrograde left heart catheterization	2,642.84	Active	Fixed/Per Unit	Purchase
93524	Combined transseptal and retrograde left heart catheterization	488.53	Active	Fixed/Per Unit	Purchase
93524	Combined transseptal and retrograde left heart catheterization	2,154.31	Active	Fixed/Per Unit	Purchase
93526	Combined right heart catheterization and retrograde left heart catheterization	2,639.76	Active	Fixed/Per Unit	Purchase
93526	Combined right heart catheterization and retrograde left heart catheterization	424.85	Active	Fixed/Per Unit	Purchase
93526	Combined right heart catheterization and retrograde left heart catheterization	2,214.91	Active	Fixed/Per Unit	Purchase
93527	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)	2,666.95	Active	Fixed/Per Unit	Purchase
93527	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)	512.64	Active	Fixed/Per Unit	Purchase
93527	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)	2,154.31	Active	Fixed/Per Unit	Purchase
93528	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)	2,784.09	Active	Fixed/Per Unit	Purchase
93528	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)	629.78	Active	Fixed/Per Unit	Purchase
93528	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)	2,154.31	Active	Fixed/Per Unit	Purchase
93529	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)	2,494.21	Active	Fixed/Per Unit	Purchase
93529	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)	339.90	Active	Fixed/Per Unit	Purchase
93529	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)	2,154.31	Active	Fixed/Per Unit	Purchase

93530	Right heart catheterization, for congenital cardiac anomalies	1,069.67	Active	Fixed/Per Unit	Purchase
93530	Right heart catheterization, for congenital cardiac anomalies	296.95	Active	Fixed/Per Unit	Purchase
93530	Right heart catheterization, for congenital cardiac anomalies	772.72	Active	Fixed/Per Unit	Purchase
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	2,794.53	Active	Fixed/Per Unit	Purchase
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	579.62	Active	Fixed/Per Unit	Purchase
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	2,214.91	Active	Fixed/Per Unit	Purchase
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	692.07	Active	Fixed/Per Unit	Purchase
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	692.07	Active	Fixed/Per Unit	Purchase
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	0.00	Active	Fixed/Per Unit	Purchase
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	463.03	Active	Fixed/Per Unit	Purchase
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	463.03	Active	Fixed/Per Unit	Purchase
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	0.00	Active	Fixed/Per Unit	Purchase
93539	Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass	24.22	Active	Fixed/Per Unit	Purchase
93540	Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries	25.84	Active	Fixed/Per Unit	Purchase
93541	Injection procedure during cardiac catheterization; for pulmonary angiography	17.84	Active	Fixed/Per Unit	Purchase
93542	Injection procedure during cardiac catheterization; for selective right ventricular or right atrial angiography	17.84	Active	Fixed/Per Unit	Purchase
93543	Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography	17.84	Active	Fixed/Per Unit	Purchase
93544	Injection procedure during cardiac catheterization; for aortography	15.80	Active	Fixed/Per Unit	Purchase
93545	Injection procedure during cardiac catheterization; for selective coronary angiography (injection of radiopaque material may be by hand)	24.22	Active	Fixed/Per Unit	Purchase
93555	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography	328.62	Active	Fixed/Per Unit	Purchase
93555	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography	50.64	Active	Fixed/Per Unit	Purchase
93555	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography	277.98	Active	Fixed/Per Unit	Purchase

93556	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)	485.26	Active	Fixed/Per Unit	Purchase
93556	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)	51.49	Active	Fixed/Per Unit	Purchase
93556	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)	433.77	Active	Fixed/Per Unit	Purchase
93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	58.83	Active	Fixed/Per Unit	Purchase
93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	30.22	Active	Fixed/Per Unit	Purchase
93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	28.61	Active	Fixed/Per Unit	Purchase
93562	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	28.41	Active	Fixed/Per Unit	Purchase
93562	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	10.26	Active	Fixed/Per Unit	Purchase
93562	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	18.15	Active	Fixed/Per Unit	Purchase
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	311.01	Active	Fixed/Per Unit	Purchase
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	110.29	Active	Fixed/Per Unit	Purchase
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	200.72	Active	Fixed/Per Unit	Purchase
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	85.30	Active	Fixed/Per Unit	Purchase
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	85.30	Active	Fixed/Per Unit	Purchase
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase

93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	1,237.34	Active	Fixed/Per Unit	Purchase
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	1,660.16	Active	Fixed/Per Unit	Purchase
93600	Bundle of His recording	237.56	Active	Fixed/Per Unit	Purchase
93600	Bundle of His recording	146.69	Active	Fixed/Per Unit	Purchase
93600	Bundle of His recording	90.87	Active	Fixed/Per Unit	Purchase
93602	Intra-atrial recording	198.93	Active	Fixed/Per Unit	Purchase
93602	Intra-atrial recording	148.11	Active	Fixed/Per Unit	Purchase
93602	Intra-atrial recording	50.82	Active	Fixed/Per Unit	Purchase
93603	Right ventricular recording	227.17	Active	Fixed/Per Unit	Purchase
93603	Right ventricular recording	149.54	Active	Fixed/Per Unit	Purchase
93603	Right ventricular recording	77.63	Active	Fixed/Per Unit	Purchase
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	465.42	Active	Fixed/Per Unit	Purchase
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	340.81	Active	Fixed/Per Unit	Purchase
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	124.61	Active	Fixed/Per Unit	Purchase
93610	Intra-atrial pacing	274.76	Active	Fixed/Per Unit	Purchase
93610	Intra-atrial pacing	210.33	Active	Fixed/Per Unit	Purchase
93610	Intra-atrial pacing	64.43	Active	Fixed/Per Unit	Purchase
93612	Intraventricular pacing	287.31	Active	Fixed/Per Unit	Purchase
93612	Intraventricular pacing	212.10	Active	Fixed/Per Unit	Purchase
93612	Intraventricular pacing	75.21	Active	Fixed/Per Unit	Purchase
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	478.21	Active	Fixed/Per Unit	Purchase
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	71.14	Active	Fixed/Per Unit	Purchase
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	56.53	Active	Fixed/Per Unit	Purchase
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	14.61	Active	Fixed/Per Unit	Purchase
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	93.82	Active	Fixed/Per Unit	Purchase
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	93.82	Active	Fixed/Per Unit	Purchase
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	0.00	Active	Fixed/Per Unit	Purchase
93618	Induction of arrhythmia by electrical pacing	470.56	Active	Fixed/Per Unit	Purchase
93618	Induction of arrhythmia by electrical pacing	290.63	Active	Fixed/Per Unit	Purchase
93618	Induction of arrhythmia by electrical pacing	179.93	Active	Fixed/Per Unit	Purchase
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	860.32	Active	Fixed/Per Unit	Purchase

93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	509.83	Active	Fixed/Per Unit	Purchase
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	350.49	Active	Fixed/Per Unit	Purchase
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	798.77	Active	Fixed/Per Unit	Purchase
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	798.77	Active	Fixed/Per Unit	Purchase
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	0.00	Active	Fixed/Per Unit	Purchase
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	143.74	Active	Fixed/Per Unit	Purchase
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	143.74	Active	Fixed/Per Unit	Purchase
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	211.91	Active	Fixed/Per Unit	Purchase
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	211.91	Active	Fixed/Per Unit	Purchase
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	194.34	Active	Fixed/Per Unit	Purchase

93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	194.34	Active	Fixed/Per Unit	Purchase
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	429.46	Active	Fixed/Per Unit	Purchase
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	337.56	Active	Fixed/Per Unit	Purchase
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	91.90	Active	Fixed/Per Unit	Purchase
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	588.74	Active	Fixed/Per Unit	Purchase
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	588.74	Active	Fixed/Per Unit	Purchase
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	0.00	Active	Fixed/Per Unit	Purchase
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	561.28	Active	Fixed/Per Unit	Purchase
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	237.99	Active	Fixed/Per Unit	Purchase
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	323.29	Active	Fixed/Per Unit	Purchase
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	726.51	Active	Fixed/Per Unit	Purchase
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	403.22	Active	Fixed/Per Unit	Purchase
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	323.29	Active	Fixed/Per Unit	Purchase

93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	633.12	Active	Fixed/Per Unit	Purchase
93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	309.83	Active	Fixed/Per Unit	Purchase
93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	323.29	Active	Fixed/Per Unit	Purchase
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	726.52	Active	Fixed/Per Unit	Purchase
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	1,105.82	Active	Fixed/Per Unit	Purchase
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	1,202.95	Active	Fixed/Per Unit	Purchase
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	177.91	Active	Fixed/Per Unit	Purchase
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	116.18	Active	Fixed/Per Unit	Purchase
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	61.73	Active	Fixed/Per Unit	Purchase
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	172.79	Active	Fixed/Per Unit	Purchase
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	172.79	Active	Fixed/Per Unit	Purchase
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
93668	Peripheral arterial disease (PAD) rehabilitation, per session	0.00	Active	Fixed/Per Unit	Purchase
93701	Bioimpedance, thoracic, electrical	44.67	Active	Fixed/Per Unit	Purchase
93701	Bioimpedance, thoracic, electrical	11.38	Active	Fixed/Per Unit	Purchase
93701	Bioimpedance, thoracic, electrical	33.29	Active	Fixed/Per Unit	Purchase
93720	Plethysmography, total body; with interpretation and report	45.88	Active	Fixed/Per Unit	Purchase
93721	Plethysmography, total body; tracing only, without interpretation and report	35.19	Active	Fixed/Per Unit	Purchase

93722	Plethysmography, total body; interpretation and report only	10.69	Active	Fixed/Per Unit	Purchase
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	479.37	Active	Fixed/Per Unit	Purchase
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	299.44	Active	Fixed/Per Unit	Purchase
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	179.93	Active	Fixed/Per Unit	Purchase
93727	Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)	32.45	Active	Fixed/Per Unit	Purchase
93731	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming	50.73	Active	Fixed/Per Unit	Purchase
93731	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming	26.69	Active	Fixed/Per Unit	Purchase
93731	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming	24.04	Active	Fixed/Per Unit	Purchase
93732	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming	81.07	Active	Fixed/Per Unit	Purchase
93732	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming	56.34	Active	Fixed/Per Unit	Purchase
93732	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming	24.73	Active	Fixed/Per Unit	Purchase
93733	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	47.27	Active	Fixed/Per Unit	Purchase
93733	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	11.38	Active	Fixed/Per Unit	Purchase

93733	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	35.89	Active	Fixed/Per Unit	Purchase
93734	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming	38.68	Active	Fixed/Per Unit	Purchase
93734	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming	23.03	Active	Fixed/Per Unit	Purchase
93734	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming	15.65	Active	Fixed/Per Unit	Purchase
93735	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming	66.84	Active	Fixed/Per Unit	Purchase
93735	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming	44.53	Active	Fixed/Per Unit	Purchase
93735	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); with reprogramming	22.31	Active	Fixed/Per Unit	Purchase
93736	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	42.61	Active	Fixed/Per Unit	Purchase
93736	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	10.19	Active	Fixed/Per Unit	Purchase
93736	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	32.42	Active	Fixed/Per Unit	Purchase
93740	Temperature gradient studies	16.88	Active	Fixed/Per Unit	Purchase
93740	Temperature gradient studies	9.92	Active	Fixed/Per Unit	Purchase
93740	Temperature gradient studies	6.96	Active	Fixed/Per Unit	Purchase

93741	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming	80.15	Active	Fixed/Per Unit	Purchase
93741	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming	49.88	Active	Fixed/Per Unit	Purchase
93741	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming	30.27	Active	Fixed/Per Unit	Purchase
93742	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming	86.53	Active	Fixed/Per Unit	Purchase
93742	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming	56.26	Active	Fixed/Per Unit	Purchase
93742	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming	30.27	Active	Fixed/Per Unit	Purchase
93743	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming	95.07	Active	Fixed/Per Unit	Purchase

93743	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming	62.72	Active	Fixed/Per Unit	Purchase
93743	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming	32.35	Active	Fixed/Per Unit	Purchase
93744	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming	103.18	Active	Fixed/Per Unit	Purchase
93744	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming	72.91	Active	Fixed/Per Unit	Purchase
93744	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming	30.27	Active	Fixed/Per Unit	Purchase
93745	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	0.00	Active	Fixed/Per Unit	Purchase
93745	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	0.00	Active	Fixed/Per Unit	Purchase
93745	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	0.00	Active	Fixed/Per Unit	Purchase
93760	Thermogram; cephalic	0.00	Active	Fixed/Per Unit	Purchase
93762	Thermogram; peripheral	0.00	Active	Fixed/Per Unit	Purchase
93770	Determination of venous pressure	13.06	Active	Fixed/Per Unit	Purchase
93770	Determination of venous pressure	10.26	Active	Fixed/Per Unit	Purchase

93770	Determination of venous pressure	2.80	Active	Fixed/Per Unit	Purchase
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	75.07	Active	Fixed/Per Unit	Purchase
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	33.29	Active	Fixed/Per Unit	Purchase
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	19.43	Active	Fixed/Per Unit	Purchase
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report	22.34	Active	Fixed/Per Unit	Purchase
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	19.77	Active	Fixed/Per Unit	Purchase
93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	29.54	Active	Fixed/Per Unit	Purchase
93799	Unlisted cardiovascular service or procedure	0.00	Active	Fixed/Per Unit	Purchase
93799	Unlisted cardiovascular service or procedure	0.00	Active	Fixed/Per Unit	Purchase
93799	Unlisted cardiovascular service or procedure	0.00	Active	Fixed/Per Unit	Purchase
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)	111.56	Active	Fixed/Per Unit	Purchase
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)	13.84	Active	Fixed/Per Unit	Purchase
93875	Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)	97.72	Active	Fixed/Per Unit	Purchase
93880	Duplex scan of extracranial arteries; complete bilateral study	287.24	Active	Fixed/Per Unit	Purchase
93880	Duplex scan of extracranial arteries; complete bilateral study	39.37	Active	Fixed/Per Unit	Purchase
93880	Duplex scan of extracranial arteries; complete bilateral study	247.87	Active	Fixed/Per Unit	Purchase
93882	Duplex scan of extracranial arteries; unilateral or limited study	184.44	Active	Fixed/Per Unit	Purchase
93882	Duplex scan of extracranial arteries; unilateral or limited study	28.83	Active	Fixed/Per Unit	Purchase
93882	Duplex scan of extracranial arteries; unilateral or limited study	155.61	Active	Fixed/Per Unit	Purchase
93886	Transcranial Doppler study of the intracranial arteries; complete study	353.45	Active	Fixed/Per Unit	Purchase
93886	Transcranial Doppler study of the intracranial arteries; complete study	63.18	Active	Fixed/Per Unit	Purchase
93886	Transcranial Doppler study of the intracranial arteries; complete study	290.27	Active	Fixed/Per Unit	Purchase
93888	Transcranial Doppler study of the intracranial arteries; limited study	229.99	Active	Fixed/Per Unit	Purchase
93888	Transcranial Doppler study of the intracranial arteries; limited study	43.02	Active	Fixed/Per Unit	Purchase
93888	Transcranial Doppler study of the intracranial arteries; limited study	186.97	Active	Fixed/Per Unit	Purchase
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	291.89	Active	Fixed/Per Unit	Purchase
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	66.75	Active	Fixed/Per Unit	Purchase

93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	225.14	Active	Fixed/Per Unit	Purchase
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	307.25	Active	Fixed/Per Unit	Purchase
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	75.18	Active	Fixed/Per Unit	Purchase
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	232.07	Active	Fixed/Per Unit	Purchase
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	302.75	Active	Fixed/Per Unit	Purchase
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	75.18	Active	Fixed/Per Unit	Purchase
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	227.57	Active	Fixed/Per Unit	Purchase
93922	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)	130.26	Active	Fixed/Per Unit	Purchase
93922	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)	16.88	Active	Fixed/Per Unit	Purchase
93922	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)	113.38	Active	Fixed/Per Unit	Purchase
93923	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)	204.92	Active	Fixed/Per Unit	Purchase
93923	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)	31.29	Active	Fixed/Per Unit	Purchase
93923	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)	173.63	Active	Fixed/Per Unit	Purchase
93924	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study	240.44	Active	Fixed/Per Unit	Purchase

93924	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study	35.87	Active	Fixed/Per Unit	Purchase
93924	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study	204.57	Active	Fixed/Per Unit	Purchase
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	329.01	Active	Fixed/Per Unit	Purchase
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	38.53	Active	Fixed/Per Unit	Purchase
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	290.48	Active	Fixed/Per Unit	Purchase
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	204.84	Active	Fixed/Per Unit	Purchase
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	28.06	Active	Fixed/Per Unit	Purchase
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	176.78	Active	Fixed/Per Unit	Purchase
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	277.92	Active	Fixed/Per Unit	Purchase
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	32.06	Active	Fixed/Per Unit	Purchase
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	245.86	Active	Fixed/Per Unit	Purchase
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	181.71	Active	Fixed/Per Unit	Purchase
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	21.87	Active	Fixed/Per Unit	Purchase
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	159.84	Active	Fixed/Per Unit	Purchase
93965	Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	136.53	Active	Fixed/Per Unit	Purchase
93965	Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	22.49	Active	Fixed/Per Unit	Purchase
93965	Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	114.04	Active	Fixed/Per Unit	Purchase
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	292.26	Active	Fixed/Per Unit	Purchase
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	47.33	Active	Fixed/Per Unit	Purchase
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	244.93	Active	Fixed/Per Unit	Purchase
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	196.75	Active	Fixed/Per Unit	Purchase
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	29.53	Active	Fixed/Per Unit	Purchase
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	167.22	Active	Fixed/Per Unit	Purchase
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	440.10	Active	Fixed/Per Unit	Purchase

93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	119.89	Active	Fixed/Per Unit	Purchase
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	320.21	Active	Fixed/Per Unit	Purchase
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	263.37	Active	Fixed/Per Unit	Purchase
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	73.87	Active	Fixed/Per Unit	Purchase
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	189.50	Active	Fixed/Per Unit	Purchase
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	260.05	Active	Fixed/Per Unit	Purchase
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	45.71	Active	Fixed/Per Unit	Purchase
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	214.34	Active	Fixed/Per Unit	Purchase
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	177.86	Active	Fixed/Per Unit	Purchase
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	29.10	Active	Fixed/Per Unit	Purchase
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	148.76	Active	Fixed/Per Unit	Purchase
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	226.15	Active	Fixed/Per Unit	Purchase
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	81.21	Active	Fixed/Per Unit	Purchase
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	144.94	Active	Fixed/Per Unit	Purchase
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	176.68	Active	Fixed/Per Unit	Purchase
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	26.99	Active	Fixed/Per Unit	Purchase
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	149.69	Active	Fixed/Per Unit	Purchase
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	195.08	Active	Fixed/Per Unit	Purchase
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	18.99	Active	Fixed/Per Unit	Purchase
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	176.09	Active	Fixed/Per Unit	Purchase
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	35.70	Active	Fixed/Per Unit	Purchase
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	10.69	Active	Fixed/Per Unit	Purchase
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	25.01	Active	Fixed/Per Unit	Purchase
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation	53.62	Active	Fixed/Per Unit	Purchase
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	22.20	Active	Fixed/Per Unit	Purchase

94016	Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only	31.41	Active	Fixed/Per Unit	Purchase
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	62.54	Active	Fixed/Per Unit	Purchase
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	17.99	Active	Fixed/Per Unit	Purchase
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	44.55	Active	Fixed/Per Unit	Purchase
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)	76.75	Active	Fixed/Per Unit	Purchase
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)	36.91	Active	Fixed/Per Unit	Purchase
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)	39.84	Active	Fixed/Per Unit	Purchase
94150	Vital capacity, total (separate procedure)	22.77	Active	Fixed/Per Unit	Purchase
94150	Vital capacity, total (separate procedure)	5.76	Active	Fixed/Per Unit	Purchase
94150	Vital capacity, total (separate procedure)	17.01	Active	Fixed/Per Unit	Purchase
94200	Maximum breathing capacity, maximal voluntary ventilation	25.18	Active	Fixed/Per Unit	Purchase
94200	Maximum breathing capacity, maximal voluntary ventilation	7.45	Active	Fixed/Per Unit	Purchase
94200	Maximum breathing capacity, maximal voluntary ventilation	17.73	Active	Fixed/Per Unit	Purchase
94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method	44.45	Active	Fixed/Per Unit	Purchase
94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method	15.53	Active	Fixed/Per Unit	Purchase
94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method	28.92	Active	Fixed/Per Unit	Purchase
94250	Expired gas collection, quantitative, single procedure (separate procedure)	30.34	Active	Fixed/Per Unit	Purchase
94250	Expired gas collection, quantitative, single procedure (separate procedure)	7.45	Active	Fixed/Per Unit	Purchase
94250	Expired gas collection, quantitative, single procedure (separate procedure)	22.89	Active	Fixed/Per Unit	Purchase
94260	Thoracic gas volume	34.42	Active	Fixed/Per Unit	Purchase
94260	Thoracic gas volume	8.65	Active	Fixed/Per Unit	Purchase
94260	Thoracic gas volume	25.77	Active	Fixed/Per Unit	Purchase
94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time	46.15	Active	Fixed/Per Unit	Purchase
94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time	15.53	Active	Fixed/Per Unit	Purchase
94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time	30.62	Active	Fixed/Per Unit	Purchase
94360	Determination of resistance to airflow, oscillatory or plethysmographic methods	47.61	Active	Fixed/Per Unit	Purchase
94360	Determination of resistance to airflow, oscillatory or plethysmographic methods	15.53	Active	Fixed/Per Unit	Purchase
94360	Determination of resistance to airflow, oscillatory or plethysmographic methods	32.08	Active	Fixed/Per Unit	Purchase
94370	Determination of airway closing volume, single breath tests	41.23	Active	Fixed/Per Unit	Purchase

94370	Determination of airway closing volume, single breath tests	15.53	Active	Fixed/Per Unit	Purchase
94370	Determination of airway closing volume, single breath tests	25.70	Active	Fixed/Per Unit	Purchase
94375	Respiratory flow volume loop	39.19	Active	Fixed/Per Unit	Purchase
94375	Respiratory flow volume loop	17.99	Active	Fixed/Per Unit	Purchase
94375	Respiratory flow volume loop	21.20	Active	Fixed/Per Unit	Purchase
94400	Breathing response to CO2 (CO2 response curve)	61.91	Active	Fixed/Per Unit	Purchase
94400	Breathing response to CO2 (CO2 response curve)	26.37	Active	Fixed/Per Unit	Purchase
94400	Breathing response to CO2 (CO2 response curve)	35.54	Active	Fixed/Per Unit	Purchase
94450	Breathing response to hypoxia (hypoxia response curve)	53.43	Active	Fixed/Per Unit	Purchase
94450	Breathing response to hypoxia (hypoxia response curve)	24.61	Active	Fixed/Per Unit	Purchase
94450	Breathing response to hypoxia (hypoxia response curve)	28.82	Active	Fixed/Per Unit	Purchase
94452	High altitude simulation test (HAST), with physician interpretation and report;	55.51	Active	Fixed/Per Unit	Purchase
94452	High altitude simulation test (HAST), with physician interpretation and report;	19.76	Active	Fixed/Per Unit	Purchase
94452	High altitude simulation test (HAST), with physician interpretation and report;	35.75	Active	Fixed/Per Unit	Purchase
94453	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration	76.29	Active	Fixed/Per Unit	Purchase
94453	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration	24.61	Active	Fixed/Per Unit	Purchase
94453	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration	51.68	Active	Fixed/Per Unit	Purchase
94620	Pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm with pre- and post-spirometry)	136.64	Active	Fixed/Per Unit	Purchase
94620	Pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm with pre- and post-spirometry)	39.30	Active	Fixed/Per Unit	Purchase
94620	Pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm with pre- and post-spirometry)	97.34	Active	Fixed/Per Unit	Purchase
94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	164.89	Active	Fixed/Per Unit	Purchase
94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	85.91	Active	Fixed/Per Unit	Purchase
94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	78.98	Active	Fixed/Per Unit	Purchase
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)	13.92	Active	Fixed/Per Unit	Purchase
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	0.00	Active	Fixed/Per Unit	Purchase
94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day	102.39	Active	Fixed/Per Unit	Purchase
94657	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days	76.12	Active	Fixed/Per Unit	Purchase
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	61.73	Active	Fixed/Per Unit	Purchase
94662	Continuous negative pressure ventilation (CNP), initiation and management	45.41	Active	Fixed/Per Unit	Purchase

94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	17.80	Active	Fixed/Per Unit	Purchase
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	26.84	Active	Fixed/Per Unit	Purchase
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	19.12	Active	Fixed/Per Unit	Purchase
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	88.14	Active	Fixed/Per Unit	Purchase
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	15.53	Active	Fixed/Per Unit	Purchase
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	72.61	Active	Fixed/Per Unit	Purchase
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	119.07	Active	Fixed/Per Unit	Purchase
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	12.30	Active	Fixed/Per Unit	Purchase
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	106.77	Active	Fixed/Per Unit	Purchase
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	81.08	Active	Fixed/Per Unit	Purchase
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	5.42	Active	Fixed/Per Unit	Purchase
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	75.66	Active	Fixed/Per Unit	Purchase
94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)	58.00	Active	Fixed/Per Unit	Purchase
94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)	15.53	Active	Fixed/Per Unit	Purchase
94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)	42.47	Active	Fixed/Per Unit	Purchase
94725	Membrane diffusion capacity	135.12	Active	Fixed/Per Unit	Purchase
94725	Membrane diffusion capacity	15.53	Active	Fixed/Per Unit	Purchase
94725	Membrane diffusion capacity	119.59	Active	Fixed/Per Unit	Purchase
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	64.98	Active	Fixed/Per Unit	Purchase
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	13.92	Active	Fixed/Per Unit	Purchase
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	51.06	Active	Fixed/Per Unit	Purchase
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	4.91	Active	Fixed/Per Unit	Purchase
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	13.02	Active	Fixed/Per Unit	Purchase
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	33.95	Active	Fixed/Per Unit	Purchase
94770	Carbon dioxide, expired gas determination by infrared analyzer	46.45	Active	Fixed/Per Unit	Purchase
94770	Carbon dioxide, expired gas determination by infrared analyzer	9.49	Active	Fixed/Per Unit	Purchase
94770	Carbon dioxide, expired gas determination by infrared analyzer	36.96	Active	Fixed/Per Unit	Purchase
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant	0.00	Active	Fixed/Per Unit	Purchase
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant	0.00	Active	Fixed/Per Unit	Purchase
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant	0.00	Active	Fixed/Per Unit	Purchase
94799	Unlisted pulmonary service or procedure	0.00	Active	Fixed/Per Unit	Purchase
94799	Unlisted pulmonary service or procedure	0.00	Active	Fixed/Per Unit	Purchase

94799	Unlisted pulmonary service or procedure	0.00	Active	Fixed/Per Unit	Purchase
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests	5.23	Active	Fixed/Per Unit	Purchase
95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests	19.19	Active	Fixed/Per Unit	Purchase
95015	Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests	12.96	Active	Fixed/Per Unit	Purchase
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests	6.96	Active	Fixed/Per Unit	Purchase
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, specify number of tests	6.96	Active	Fixed/Per Unit	Purchase
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	9.73	Active	Fixed/Per Unit	Purchase
95044	Patch or application test(s) (specify number of tests)	8.69	Active	Fixed/Per Unit	Purchase
95052	Photo patch test(s) (specify number of tests)	10.42	Active	Fixed/Per Unit	Purchase
95056	Photo tests	7.65	Active	Fixed/Per Unit	Purchase
95060	Ophthalmic mucous membrane tests	15.65	Active	Fixed/Per Unit	Purchase
95065	Direct nasal mucous membrane test	8.69	Active	Fixed/Per Unit	Purchase
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	82.86	Active	Fixed/Per Unit	Purchase
95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	105.03	Active	Fixed/Per Unit	Purchase
95075	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)	73.89	Active	Fixed/Per Unit	Purchase
95078	Provocative testing (eg, Rinkel test)	12.19	Active	Fixed/Per Unit	Purchase
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	17.04	Active	Fixed/Per Unit	Purchase
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections	20.85	Active	Fixed/Per Unit	Purchase
95120	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection	0.00	Active	Fixed/Per Unit	Purchase
95125	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two or more injections	0.00	Active	Fixed/Per Unit	Purchase
95130	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom	0.00	Active	Fixed/Per Unit	Purchase
95131	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; two stinging insect venoms	0.00	Active	Fixed/Per Unit	Purchase
95132	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; three stinging insect venoms	0.00	Active	Fixed/Per Unit	Purchase

95133	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; four stinging insect venoms	0.00	Active	Fixed/Per Unit	Purchase
95134	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; five stinging insect venoms	0.00	Active	Fixed/Per Unit	Purchase
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	10.88	Active	Fixed/Per Unit	Purchase
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	15.39	Active	Fixed/Per Unit	Purchase
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); two single stinging insect venoms	19.54	Active	Fixed/Per Unit	Purchase
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); three single stinging insect venoms	18.85	Active	Fixed/Per Unit	Purchase
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); four single stinging insect venoms	24.39	Active	Fixed/Per Unit	Purchase
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); five single stinging insect venoms	32.01	Active	Fixed/Per Unit	Purchase
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	10.88	Active	Fixed/Per Unit	Purchase
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	8.80	Active	Fixed/Per Unit	Purchase
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	162.76	Active	Fixed/Per Unit	Purchase
95199	Unlisted allergy/clinical immunologic service or procedure	0.00	Active	Fixed/Per Unit	Purchase
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	144.15	Active	Fixed/Per Unit	Purchase
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report	32.11	Active	Fixed/Per Unit	Purchase
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	755.17	Active	Fixed/Per Unit	Purchase
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	118.29	Active	Fixed/Per Unit	Purchase
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	636.88	Active	Fixed/Per Unit	Purchase

95806	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist	254.83	Active	Fixed/Per Unit	Purchase
95806	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist	103.06	Active	Fixed/Per Unit	Purchase
95806	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist	151.77	Active	Fixed/Per Unit	Purchase
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	570.12	Active	Fixed/Per Unit	Purchase
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	102.71	Active	Fixed/Per Unit	Purchase
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	467.41	Active	Fixed/Per Unit	Purchase
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	667.60	Active	Fixed/Per Unit	Purchase
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	166.93	Active	Fixed/Per Unit	Purchase
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	500.67	Active	Fixed/Per Unit	Purchase
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	860.78	Active	Fixed/Per Unit	Purchase
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	219.81	Active	Fixed/Per Unit	Purchase
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	640.97	Active	Fixed/Per Unit	Purchase
95811	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	934.63	Active	Fixed/Per Unit	Purchase
95811	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	236.11	Active	Fixed/Per Unit	Purchase
95811	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	698.52	Active	Fixed/Per Unit	Purchase
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	215.67	Active	Fixed/Per Unit	Purchase
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	71.87	Active	Fixed/Per Unit	Purchase
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	143.80	Active	Fixed/Per Unit	Purchase
95813	Electroencephalogram (EEG) extended monitoring; greater than one hour	282.77	Active	Fixed/Per Unit	Purchase
95813	Electroencephalogram (EEG) extended monitoring; greater than one hour	113.33	Active	Fixed/Per Unit	Purchase
95813	Electroencephalogram (EEG) extended monitoring; greater than one hour	169.44	Active	Fixed/Per Unit	Purchase
95816	Electroencephalogram (EEG); including recording awake and drowsy	202.82	Active	Fixed/Per Unit	Purchase
95816	Electroencephalogram (EEG); including recording awake and drowsy	72.22	Active	Fixed/Per Unit	Purchase
95816	Electroencephalogram (EEG); including recording awake and drowsy	130.60	Active	Fixed/Per Unit	Purchase

95819	Electroencephalogram (EEG); including recording awake and asleep	177.53	Active	Fixed/Per Unit	Purchase
95819	Electroencephalogram (EEG); including recording awake and asleep	72.22	Active	Fixed/Per Unit	Purchase
95819	Electroencephalogram (EEG); including recording awake and asleep	105.31	Active	Fixed/Per Unit	Purchase
95822	Electroencephalogram (EEG); recording in coma or sleep only	238.96	Active	Fixed/Per Unit	Purchase
95822	Electroencephalogram (EEG); recording in coma or sleep only	72.22	Active	Fixed/Per Unit	Purchase
95822	Electroencephalogram (EEG); recording in coma or sleep only	166.74	Active	Fixed/Per Unit	Purchase
95824	Electroencephalogram (EEG); cerebral death evaluation only	49.10	Active	Fixed/Per Unit	Purchase
95824	Electroencephalogram (EEG); cerebral death evaluation only	49.10	Active	Fixed/Per Unit	Purchase
95824	Electroencephalogram (EEG); cerebral death evaluation only	0.00	Active	Fixed/Per Unit	Purchase
95827	Electroencephalogram (EEG); all night recording	173.13	Active	Fixed/Per Unit	Purchase
95827	Electroencephalogram (EEG); all night recording	68.72	Active	Fixed/Per Unit	Purchase
95827	Electroencephalogram (EEG); all night recording	104.41	Active	Fixed/Per Unit	Purchase
95829	Electrocorticogram at surgery (separate procedure)	1,427.67	Active	Fixed/Per Unit	Purchase
95829	Electrocorticogram at surgery (separate procedure)	427.44	Active	Fixed/Per Unit	Purchase
95829	Electrocorticogram at surgery (separate procedure)	1,000.23	Active	Fixed/Per Unit	Purchase
95830	Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording	205.66	Active	Fixed/Per Unit	Purchase
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	29.54	Active	Fixed/Per Unit	Purchase
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	27.23	Active	Fixed/Per Unit	Purchase
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	43.50	Active	Fixed/Per Unit	Purchase
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	52.50	Active	Fixed/Per Unit	Purchase
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	21.00	Active	Fixed/Per Unit	Purchase
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	15.42	Active	Fixed/Per Unit	Purchase
95857	Tensilon test for myasthenia gravis	46.73	Active	Fixed/Per Unit	Purchase
95860	Needle electromyography; one extremity with or without related paraspinal areas	102.16	Active	Fixed/Per Unit	Purchase
95860	Needle electromyography; one extremity with or without related paraspinal areas	63.99	Active	Fixed/Per Unit	Purchase
95860	Needle electromyography; one extremity with or without related paraspinal areas	38.17	Active	Fixed/Per Unit	Purchase
95861	Needle electromyography; two extremities with or without related paraspinal areas	136.95	Active	Fixed/Per Unit	Purchase
95861	Needle electromyography; two extremities with or without related paraspinal areas	101.06	Active	Fixed/Per Unit	Purchase
95861	Needle electromyography; two extremities with or without related paraspinal areas	35.89	Active	Fixed/Per Unit	Purchase
95863	Needle electromyography; three extremities with or without related paraspinal areas	165.87	Active	Fixed/Per Unit	Purchase
95863	Needle electromyography; three extremities with or without related paraspinal areas	122.71	Active	Fixed/Per Unit	Purchase
95863	Needle electromyography; three extremities with or without related paraspinal areas	43.16	Active	Fixed/Per Unit	Purchase
95864	Needle electromyography; four extremities with or without related paraspinal areas	213.42	Active	Fixed/Per Unit	Purchase

95864	Needle electromyography; four extremities with or without related paraspinal areas	130.21	Active	Fixed/Per Unit	Purchase
95864	Needle electromyography; four extremities with or without related paraspinal areas	83.21	Active	Fixed/Per Unit	Purchase
95865	Needle electromyography; larynx	136.07	Active	Fixed/Per Unit	Purchase
95865	Needle electromyography; larynx	107.22	Active	Fixed/Per Unit	Purchase
95865	Needle electromyography; larynx	28.85	Active	Fixed/Per Unit	Purchase
95866	Needle electromyography; hemidiaphragm	96.86	Active	Fixed/Per Unit	Purchase
95866	Needle electromyography; hemidiaphragm	84.64	Active	Fixed/Per Unit	Purchase
95866	Needle electromyography; hemidiaphragm	12.22	Active	Fixed/Per Unit	Purchase
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	78.00	Active	Fixed/Per Unit	Purchase
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	50.84	Active	Fixed/Per Unit	Purchase
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	27.16	Active	Fixed/Per Unit	Purchase
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	109.49	Active	Fixed/Per Unit	Purchase
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	76.41	Active	Fixed/Per Unit	Purchase
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	33.08	Active	Fixed/Per Unit	Purchase
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	35.52	Active	Fixed/Per Unit	Purchase
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	24.72	Active	Fixed/Per Unit	Purchase
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	10.80	Active	Fixed/Per Unit	Purchase
95870	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	35.52	Active	Fixed/Per Unit	Purchase
95870	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	24.72	Active	Fixed/Per Unit	Purchase
95870	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	10.80	Active	Fixed/Per Unit	Purchase
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	129.03	Active	Fixed/Per Unit	Purchase
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	99.41	Active	Fixed/Per Unit	Purchase
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	29.62	Active	Fixed/Per Unit	Purchase
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	35.18	Active	Fixed/Per Unit	Purchase
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	24.72	Active	Fixed/Per Unit	Purchase
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	10.46	Active	Fixed/Per Unit	Purchase
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	35.53	Active	Fixed/Per Unit	Purchase

95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	25.07	Active	Fixed/Per Unit	Purchase
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	10.46	Active	Fixed/Per Unit	Purchase
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	116.19	Active	Fixed/Per Unit	Purchase
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	71.64	Active	Fixed/Per Unit	Purchase
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	44.55	Active	Fixed/Per Unit	Purchase
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	68.47	Active	Fixed/Per Unit	Purchase
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	27.53	Active	Fixed/Per Unit	Purchase
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	40.94	Active	Fixed/Per Unit	Purchase
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	75.43	Active	Fixed/Per Unit	Purchase
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	39.68	Active	Fixed/Per Unit	Purchase
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	35.75	Active	Fixed/Per Unit	Purchase
95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	59.20	Active	Fixed/Per Unit	Purchase
95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	23.11	Active	Fixed/Per Unit	Purchase
95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	36.09	Active	Fixed/Per Unit	Purchase
95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	207.49	Active	Fixed/Per Unit	Purchase
95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	149.74	Active	Fixed/Per Unit	Purchase
95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	57.75	Active	Fixed/Per Unit	Purchase
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	73.25	Active	Fixed/Per Unit	Purchase
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	56.56	Active	Fixed/Per Unit	Purchase
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	16.69	Active	Fixed/Per Unit	Purchase
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt	79.98	Active	Fixed/Per Unit	Purchase
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt	63.29	Active	Fixed/Per Unit	Purchase

95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt	16.69	Active	Fixed/Per Unit	Purchase
95923	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	117.63	Active	Fixed/Per Unit	Purchase
95923	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	60.06	Active	Fixed/Per Unit	Purchase
95923	Testing of autonomic nervous system function; sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	57.57	Active	Fixed/Per Unit	Purchase
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	79.65	Active	Fixed/Per Unit	Purchase
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	37.53	Active	Fixed/Per Unit	Purchase
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	42.12	Active	Fixed/Per Unit	Purchase
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	78.23	Active	Fixed/Per Unit	Purchase
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	36.11	Active	Fixed/Per Unit	Purchase
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	42.12	Active	Fixed/Per Unit	Purchase
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	80.69	Active	Fixed/Per Unit	Purchase
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	38.57	Active	Fixed/Per Unit	Purchase
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	42.12	Active	Fixed/Per Unit	Purchase
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	184.31	Active	Fixed/Per Unit	Purchase
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	96.56	Active	Fixed/Per Unit	Purchase
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	87.75	Active	Fixed/Per Unit	Purchase
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	190.89	Active	Fixed/Per Unit	Purchase
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	96.56	Active	Fixed/Per Unit	Purchase

95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	94.33	Active	Fixed/Per Unit	Purchase
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	98.04	Active	Fixed/Per Unit	Purchase
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	23.53	Active	Fixed/Per Unit	Purchase
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	74.51	Active	Fixed/Per Unit	Purchase
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	77.95	Active	Fixed/Per Unit	Purchase
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	40.33	Active	Fixed/Per Unit	Purchase
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	37.62	Active	Fixed/Per Unit	Purchase
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	43.52	Active	Fixed/Per Unit	Purchase
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	32.72	Active	Fixed/Per Unit	Purchase
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	10.80	Active	Fixed/Per Unit	Purchase
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	47.67	Active	Fixed/Per Unit	Purchase
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	36.87	Active	Fixed/Per Unit	Purchase
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	10.80	Active	Fixed/Per Unit	Purchase
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method	66.29	Active	Fixed/Per Unit	Purchase
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method	50.98	Active	Fixed/Per Unit	Purchase
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method	15.31	Active	Fixed/Per Unit	Purchase
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	290.46	Active	Fixed/Per Unit	Purchase
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	100.17	Active	Fixed/Per Unit	Purchase
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	190.29	Active	Fixed/Per Unit	Purchase
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	398.60	Active	Fixed/Per Unit	Purchase
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	398.60	Active	Fixed/Per Unit	Purchase
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	0.00	Active	Fixed/Per Unit	Purchase
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours	500.97	Active	Fixed/Per Unit	Purchase

95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours	205.01	Active	Fixed/Per Unit	Purchase
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours	295.96	Active	Fixed/Per Unit	Purchase
95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)	283.74	Active	Fixed/Per Unit	Purchase
95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)	162.63	Active	Fixed/Per Unit	Purchase
95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)	121.11	Active	Fixed/Per Unit	Purchase
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	162.30	Active	Fixed/Per Unit	Purchase
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	64.02	Active	Fixed/Per Unit	Purchase
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	98.28	Active	Fixed/Per Unit	Purchase
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours	769.77	Active	Fixed/Per Unit	Purchase
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours	203.59	Active	Fixed/Per Unit	Purchase
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours	566.18	Active	Fixed/Per Unit	Purchase
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	212.72	Active	Fixed/Per Unit	Purchase
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	132.63	Active	Fixed/Per Unit	Purchase
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	80.09	Active	Fixed/Per Unit	Purchase
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	360.67	Active	Fixed/Per Unit	Purchase
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	277.08	Active	Fixed/Per Unit	Purchase
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	83.59	Active	Fixed/Per Unit	Purchase
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance	313.91	Active	Fixed/Per Unit	Purchase
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance	256.16	Active	Fixed/Per Unit	Purchase
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance	57.75	Active	Fixed/Per Unit	Purchase

95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)	298.22	Active	Fixed/Per Unit	Purchase
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)	240.47	Active	Fixed/Per Unit	Purchase
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)	57.75	Active	Fixed/Per Unit	Purchase
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	538.07	Active	Fixed/Per Unit	Purchase
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	538.07	Active	Fixed/Per Unit	Purchase
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	0.00	Active	Fixed/Per Unit	Purchase
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	261.58	Active	Fixed/Per Unit	Purchase
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	261.58	Active	Fixed/Per Unit	Purchase
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	0.00	Active	Fixed/Per Unit	Purchase
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	216.77	Active	Fixed/Per Unit	Purchase
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	216.77	Active	Fixed/Per Unit	Purchase
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	53.78	Active	Fixed/Per Unit	Purchase

95971	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	68.91	Active	Fixed/Per Unit	Purchase
95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour	130.10	Active	Fixed/Per Unit	Purchase
95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	72.76	Active	Fixed/Per Unit	Purchase
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	214.06	Active	Fixed/Per Unit	Purchase
95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	123.94	Active	Fixed/Per Unit	Purchase
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	247.06	Active	Fixed/Per Unit	Purchase
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	113.64	Active	Fixed/Per Unit	Purchase
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);	62.56	Active	Fixed/Per Unit	Purchase

95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	93.75	Active	Fixed/Per Unit	Purchase
95999	Unlisted neurological or neuromuscular diagnostic procedure	0.00	Active	Fixed/Per Unit	Purchase
96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics;	113.93	Active	Fixed/Per Unit	Purchase
96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking	131.47	Active	Fixed/Per Unit	Purchase
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	26.07	Active	Fixed/Per Unit	Purchase
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	23.34	Active	Fixed/Per Unit	Purchase
96004	Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	142.52	Active	Fixed/Per Unit	Purchase
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	139.23	Active	Fixed/Per Unit	Purchase
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	158.63	Active	Fixed/Per Unit	Purchase
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	90.40	Active	Fixed/Per Unit	Purchase
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	50.74	Active	Fixed/Per Unit	Purchase
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	63.65	Active	Fixed/Per Unit	Purchase
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	35.44	Active	Fixed/Per Unit	Purchase
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	123.60	Active	Fixed/Per Unit	Purchase
96406	Chemotherapy administration; intralesional, more than 7 lesions	145.84	Active	Fixed/Per Unit	Purchase
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	122.25	Active	Fixed/Per Unit	Purchase
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	74.83	Active	Fixed/Per Unit	Purchase
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	171.48	Active	Fixed/Per Unit	Purchase
96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)	47.08	Active	Fixed/Per Unit	Purchase
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	182.72	Active	Fixed/Per Unit	Purchase

96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	88.80	Active	Fixed/Per Unit	Purchase
96420	Chemotherapy administration, intra-arterial; push technique	113.47	Active	Fixed/Per Unit	Purchase
96422	Chemotherapy administration, intra-arterial; infusion technique, up to one hour	189.00	Active	Fixed/Per Unit	Purchase
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour up to 8 hours (List separately in addition to code for primary procedure)	76.20	Active	Fixed/Per Unit	Purchase
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	176.52	Active	Fixed/Per Unit	Purchase
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	408.82	Active	Fixed/Per Unit	Purchase
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	396.67	Active	Fixed/Per Unit	Purchase
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	321.74	Active	Fixed/Per Unit	Purchase
96521	Refilling and maintenance of portable pump	150.09	Active	Fixed/Per Unit	Purchase
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	111.28	Active	Fixed/Per Unit	Purchase
96523	Irrigation of implanted venous access device for drug delivery systems	27.36	Active	Fixed/Per Unit	Purchase
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	190.98	Active	Fixed/Per Unit	Purchase
96549	Unlisted chemotherapy procedure	0.00	Active	Fixed/Per Unit	Purchase
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session	74.96	Active	Fixed/Per Unit	Purchase
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)	78.78	Active	Fixed/Per Unit	Purchase
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)	35.14	Active	Fixed/Per Unit	Purchase
96900	Actinotherapy (ultraviolet light)	18.77	Active	Fixed/Per Unit	Purchase
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	25.34	Active	Fixed/Per Unit	Purchase
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	41.36	Active	Fixed/Per Unit	Purchase
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	52.48	Active	Fixed/Per Unit	Purchase
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)	75.86	Active	Fixed/Per Unit	Purchase
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	140.17	Active	Fixed/Per Unit	Purchase
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	145.21	Active	Fixed/Per Unit	Purchase

96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	216.80	Active	Fixed/Per Unit	Purchase
96999	Unlisted special dermatological service or procedure	0.00	Active	Fixed/Per Unit	Purchase
97001	Physical therapy evaluation	85.57	Active	Fixed/Per Unit	Purchase
97002	Physical therapy re-evaluation	44.15	Active	Fixed/Per Unit	Purchase
97003	Occupational therapy evaluation	91.84	Active	Fixed/Per Unit	Purchase
97004	Occupational therapy re-evaluation	52.12	Active	Fixed/Per Unit	Purchase
97005	Athletic training evaluation	0.00	Active	Fixed/Per Unit	Purchase
97006	Athletic training re-evaluation	0.00	Active	Fixed/Per Unit	Purchase
97010	Application of a modality to one or more areas; hot or cold packs	6.03	Active	Fixed/Per Unit	Purchase
97012	Application of a modality to one or more areas; traction, mechanical	16.84	Active	Fixed/Per Unit	Purchase
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	15.96	Active	Fixed/Per Unit	Purchase
97016	Application of a modality to one or more areas; vasopneumatic devices	15.61	Active	Fixed/Per Unit	Purchase
97018	Application of a modality to one or more areas; paraffin bath	7.76	Active	Fixed/Per Unit	Purchase
97022	Application of a modality to one or more areas; whirlpool	16.23	Active	Fixed/Per Unit	Purchase
97024	Application of a modality to one or more areas; diathermy (eg, microwave)	6.72	Active	Fixed/Per Unit	Purchase
97026	Application of a modality to one or more areas; infrared	6.38	Active	Fixed/Per Unit	Purchase
97028	Application of a modality to one or more areas; ultraviolet	7.57	Active	Fixed/Per Unit	Purchase
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	17.88	Active	Fixed/Per Unit	Purchase
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	22.11	Active	Fixed/Per Unit	Purchase
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	15.84	Active	Fixed/Per Unit	Purchase
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	14.11	Active	Fixed/Per Unit	Purchase
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	24.69	Active	Fixed/Per Unit	Purchase
97039	Unlisted modality (specify type and time if constant attendance)	0.00	Active	Fixed/Per Unit	Purchase
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	31.92	Active	Fixed/Per Unit	Purchase
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	31.54	Active	Fixed/Per Unit	Purchase
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	33.88	Active	Fixed/Per Unit	Purchase
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	27.00	Active	Fixed/Per Unit	Purchase
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	24.53	Active	Fixed/Per Unit	Purchase
97139	Unlisted therapeutic procedure (specify)	0.00	Active	Fixed/Per Unit	Purchase
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	28.61	Active	Fixed/Per Unit	Purchase
97150	Therapeutic procedure(s), group (2 or more individuals)	19.42	Active	Fixed/Per Unit	Purchase
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	31.46	Active	Fixed/Per Unit	Purchase

97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	28.69	Active	Fixed/Per Unit	Purchase
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	32.23	Active	Fixed/Per Unit	Purchase
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	29.80	Active	Fixed/Per Unit	Purchase
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	30.50	Active	Fixed/Per Unit	Purchase
97545	Work hardening/conditioning; initial 2 hours	0.00	Active	Fixed/Per Unit	Purchase
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	56.23	Active	Fixed/Per Unit	Purchase
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	70.04	Active	Fixed/Per Unit	Purchase
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	0.00	Active	Fixed/Per Unit	Purchase
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	38.57	Active	Fixed/Per Unit	Purchase
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	61.85	Active	Fixed/Per Unit	Purchase
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	33.65	Active	Fixed/Per Unit	Purchase
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes	39.45	Active	Fixed/Per Unit	Purchase

97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	36.11	Active	Fixed/Per Unit	Purchase
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	32.26	Active	Fixed/Per Unit	Purchase
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	28.65	Active	Fixed/Per Unit	Purchase
97799	Unlisted physical medicine/rehabilitation service or procedure	0.00	Active	Fixed/Per Unit	Purchase
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	18.04	Active	Fixed/Per Unit	Purchase
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	18.04	Active	Fixed/Per Unit	Purchase
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	8.00	Active	Fixed/Per Unit	Purchase
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	43.84	Active	Fixed/Per Unit	Purchase
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	35.11	Active	Fixed/Per Unit	Purchase
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	46.65	Active	Fixed/Per Unit	Purchase
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	38.95	Active	Fixed/Per Unit	Purchase
98925	Osteopathic manipulative treatment (OMT); one to two body regions involved	33.65	Active	Fixed/Per Unit	Purchase
98926	Osteopathic manipulative treatment (OMT); three to four body regions involved	46.99	Active	Fixed/Per Unit	Purchase
98927	Osteopathic manipulative treatment (OMT); five to six body regions involved	59.42	Active	Fixed/Per Unit	Purchase
98928	Osteopathic manipulative treatment (OMT); seven to eight body regions involved	71.07	Active	Fixed/Per Unit	Purchase
98929	Osteopathic manipulative treatment (OMT); nine to ten body regions involved	82.38	Active	Fixed/Per Unit	Purchase
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	0.00	Active	Fixed/Per Unit	Purchase
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	0.00	Active	Fixed/Per Unit	Purchase
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	0.00	Active	Fixed/Per Unit	Purchase
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	0.00	Active	Fixed/Per Unit	Purchase

99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)	0.00	Active	Fixed/Per Unit	Purchase
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician	0.00	Active	Fixed/Per Unit	Purchase
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	0.00	Active	Fixed/Per Unit	Purchase
99026	Hospital mandated on call service; in-hospital, each hour	0.00	Active	Fixed/Per Unit	Purchase
99027	Hospital mandated on call service; out-of-hospital, each hour	0.00	Active	Fixed/Per Unit	Purchase
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	0.00	Active	Fixed/Per Unit	Purchase
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	0.00	Active	Fixed/Per Unit	Purchase
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	0.00	Active	Fixed/Per Unit	Purchase
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	0.00	Active	Fixed/Per Unit	Purchase
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	0.00	Active	Fixed/Per Unit	Purchase
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	0.00	Active	Fixed/Per Unit	Purchase
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	0.00	Active	Fixed/Per Unit	Purchase
99071	Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician	0.00	Active	Fixed/Per Unit	Purchase
99075	Medical testimony	0.00	Active	Fixed/Per Unit	Purchase
99078	Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	0.00	Active	Fixed/Per Unit	Purchase
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	0.00	Active	Fixed/Per Unit	Purchase
99082	Unusual travel (eg, transportation and escort of patient)	0.00	Active	Fixed/Per Unit	Purchase
99090	Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)	0.00	Active	Fixed/Per Unit	Purchase
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time	0.00	Active	Fixed/Per Unit	Purchase
99100	Anesthesia for patient of extreme age, under 1 year and over 70 (List separately in addition to code for primary anesthesia procedure)	0.00	Active	Fixed/Per Unit	Purchase

99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	0.00	Active	Fixed/Per Unit	Purchase
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	0.00	Active	Fixed/Per Unit	Purchase
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	0.00	Active	Fixed/Per Unit	Purchase
99143	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patients level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time	0.00	Active	Fixed/Per Unit	Purchase
99144	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patients level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time	0.00	Active	Fixed/Per Unit	Purchase
99145	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patients level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	0.00	Active	Fixed/Per Unit	Purchase
99148	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; under 5 years of age, first 30 minutes intra-service time	0.00	Active	Fixed/Per Unit	Purchase
99149	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time	0.00	Active	Fixed/Per Unit	Purchase
99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	0.00	Active	Fixed/Per Unit	Purchase
99170	Anogenital examination with colposcopic magnification in childhood for suspected trauma	149.47	Active	Fixed/Per Unit	Purchase
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)	0.00	Active	Fixed/Per Unit	Purchase
99173	Screening test of visual acuity, quantitative, bilateral	0.00	Active	Fixed/Per Unit	Purchase

99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	65.82	Active	Fixed/Per Unit	Purchase
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	239.84	Active	Fixed/Per Unit	Purchase
99185	Hypothermia; regional	29.23	Active	Fixed/Per Unit	Purchase
99186	Hypothermia; total body	141.51	Active	Fixed/Per Unit	Purchase
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	0.00	Active	Fixed/Per Unit	Purchase
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 3/4 hour	0.00	Active	Fixed/Per Unit	Purchase
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 1/2 hour	0.00	Active	Fixed/Per Unit	Purchase
99195	Phlebotomy, therapeutic (separate procedure)	18.77	Active	Fixed/Per Unit	Purchase
99199	Unlisted special service, procedure or report	0.00	Active	Fixed/Per Unit	Purchase
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	41.31	Active	Fixed/Per Unit	Purchase
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	73.42	Active	Fixed/Per Unit	Purchase
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	111.73	Active	Fixed/Per Unit	Purchase
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	157.76	Active	Fixed/Per Unit	Purchase

99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	201.10	Active	Fixed/Per Unit	Purchase
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	22.46	Active	Fixed/Per Unit	Purchase
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	43.04	Active	Fixed/Per Unit	Purchase
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	57.54	Active	Fixed/Per Unit	Purchase
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	91.04	Active	Fixed/Per Unit	Purchase
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	134.73	Active	Fixed/Per Unit	Purchase

99217	Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from 'observation status' if the discharge is on other than the initial date of 'observation status.' To report services to a patient designated as 'observation status' or 'inpatient status' and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]	83.10	Active	Fixed/Per Unit	Purchase
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to 'observation status' are of low severity.	79.98	Active	Fixed/Per Unit	Purchase
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to 'observation status' are of moderate severity.	133.13	Active	Fixed/Per Unit	Purchase
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to 'observation status' are of high severity.	186.89	Active	Fixed/Per Unit	Purchase
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	82.10	Active	Fixed/Per Unit	Purchase
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	133.82	Active	Fixed/Per Unit	Purchase

99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	185.12	Active	Fixed/Per Unit	Purchase
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	40.34	Active	Fixed/Per Unit	Purchase
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	64.72	Active	Fixed/Per Unit	Purchase
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	92.48	Active	Fixed/Per Unit	Purchase
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.	162.08	Active	Fixed/Per Unit	Purchase

99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	212.35	Active	Fixed/Per Unit	Purchase
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.	263.65	Active	Fixed/Per Unit	Purchase
99238	Hospital discharge day management; 30 minutes or less	81.68	Active	Fixed/Per Unit	Purchase
99239	Hospital discharge day management; more than 30 minutes	111.68	Active	Fixed/Per Unit	Purchase
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	58.07	Active	Fixed/Per Unit	Purchase
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	108.26	Active	Fixed/Per Unit	Purchase
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	143.87	Active	Fixed/Per Unit	Purchase

99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	200.80	Active	Fixed/Per Unit	Purchase
99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	260.75	Active	Fixed/Per Unit	Purchase
99251	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	45.06	Active	Fixed/Per Unit	Purchase
99252	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	89.05	Active	Fixed/Per Unit	Purchase
99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	119.97	Active	Fixed/Per Unit	Purchase
99254	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	168.59	Active	Fixed/Per Unit	Purchase

99255	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	232.54	Active	Fixed/Per Unit	Purchase
99281	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	20.61	Active	Fixed/Per Unit	Purchase
99282	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	35.18	Active	Fixed/Per Unit	Purchase
99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	79.09	Active	Fixed/Per Unit	Purchase
99284	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	123.50	Active	Fixed/Per Unit	Purchase
99285	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	195.01	Active	Fixed/Per Unit	Purchase

99288	Physician direction of emergency medical systems (EMS) emergency care, advanced life support	0.00	Active	Fixed/Per Unit	Purchase
99289	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport	295.25	Active	Fixed/Per Unit	Purchase
99290	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary service)	150.78	Active	Fixed/Per Unit	Purchase
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	295.26	Active	Fixed/Per Unit	Purchase
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	135.21	Active	Fixed/Per Unit	Purchase
99293	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	1,038.74	Active	Fixed/Per Unit	Purchase
99294	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	500.97	Active	Fixed/Per Unit	Purchase
99295	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	1,172.53	Active	Fixed/Per Unit	Purchase
99296	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	482.85	Active	Fixed/Per Unit	Purchase
99298	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	178.57	Active	Fixed/Per Unit	Purchase
99299	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	163.81	Active	Fixed/Per Unit	Purchase
99300	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	554.65	Active	Fixed/Per Unit	Purchase
99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or family's needs. Usually, the problem(s) requiring admission are of low severity.	76.56	Active	Fixed/Per Unit	Purchase
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity.	102.29	Active	Fixed/Per Unit	Purchase

99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the problem(s) requiring admission are of high severity.	126.90	Active	Fixed/Per Unit	Purchase
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the patient is stable, recovering, or improving.	40.03	Active	Fixed/Per Unit	Purchase
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.	64.95	Active	Fixed/Per Unit	Purchase
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the patient has developed a significant complication or a significant new problem.	92.14	Active	Fixed/Per Unit	Purchase
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.	116.02	Active	Fixed/Per Unit	Purchase
99315	Nursing facility discharge day management; 30 minutes or less	72.22	Active	Fixed/Per Unit	Purchase
99316	Nursing facility discharge day management; more than 30 minutes	94.49	Active	Fixed/Per Unit	Purchase
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the patient is stable, recovering, or improving.	76.56	Active	Fixed/Per Unit	Purchase

99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	68.53	Active	Fixed/Per Unit	Purchase
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	100.22	Active	Fixed/Per Unit	Purchase
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	145.56	Active	Fixed/Per Unit	Purchase
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	191.67	Active	Fixed/Per Unit	Purchase
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	237.35	Active	Fixed/Per Unit	Purchase

99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	53.07	Active	Fixed/Per Unit	Purchase
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	83.99	Active	Fixed/Per Unit	Purchase
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	129.75	Active	Fixed/Per Unit	Purchase
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or families needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	190.97	Active	Fixed/Per Unit	Purchase
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	0.00	Active	Fixed/Per Unit	Purchase

99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	0.00	Active	Fixed/Per Unit	Purchase
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	68.18	Active	Fixed/Per Unit	Purchase
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	100.22	Active	Fixed/Per Unit	Purchase
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	146.25	Active	Fixed/Per Unit	Purchase
99344	Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	192.01	Active	Fixed/Per Unit	Purchase

99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.	237.70	Active	Fixed/Per Unit	Purchase
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	53.07	Active	Fixed/Per Unit	Purchase
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	83.99	Active	Fixed/Per Unit	Purchase
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	130.10	Active	Fixed/Per Unit	Purchase
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	192.01	Active	Fixed/Per Unit	Purchase

99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	115.68	Active	Fixed/Per Unit	Purchase
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes (List separately in addition to code for prolonged physician service)	113.22	Active	Fixed/Per Unit	Purchase
99356	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (List separately in addition to code for inpatient Evaluation and Management service)	106.17	Active	Fixed/Per Unit	Purchase
99357	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes (List separately in addition to code for prolonged physician service)	108.29	Active	Fixed/Per Unit	Purchase
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (List separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service)	0.00	Active	Fixed/Per Unit	Purchase
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (List separately in addition to code for prolonged physician service)	0.00	Active	Fixed/Per Unit	Purchase
99360	Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	0.00	Active	Fixed/Per Unit	Purchase
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes	0.00	Active	Fixed/Per Unit	Purchase
99362	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes	0.00	Active	Fixed/Per Unit	Purchase
99371	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)	0.00	Active	Fixed/Per Unit	Purchase

99372	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)	0.00	Active	Fixed/Per Unit	Purchase
99373	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)	0.00	Active	Fixed/Per Unit	Purchase
99374	Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	79.61	Active	Fixed/Per Unit	Purchase
99375	Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	139.24	Active	Fixed/Per Unit	Purchase

99377	Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	79.61	Active	Fixed/Per Unit	Purchase
99378	Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	153.10	Active	Fixed/Per Unit	Purchase
99379	Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	77.84	Active	Fixed/Per Unit	Purchase
99380	Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	118.07	Active	Fixed/Per Unit	Purchase
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age under 1 year)	111.13	Active	Fixed/Per Unit	Purchase

99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	119.71	Active	Fixed/Per Unit	Purchase
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	117.63	Active	Fixed/Per Unit	Purchase
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	129.01	Active	Fixed/Per Unit	Purchase
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	129.01	Active	Fixed/Per Unit	Purchase
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	152.51	Active	Fixed/Per Unit	Purchase
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 65 years and over	164.63	Active	Fixed/Per Unit	Purchase
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age under 1 year)	85.54	Active	Fixed/Per Unit	Purchase
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	96.93	Active	Fixed/Per Unit	Purchase

99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	95.89	Active	Fixed/Per Unit	Purchase
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	105.50	Active	Fixed/Per Unit	Purchase
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years	106.54	Active	Fixed/Per Unit	Purchase
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years	118.62	Active	Fixed/Per Unit	Purchase
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over	130.04	Active	Fixed/Per Unit	Purchase
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	43.54	Active	Fixed/Per Unit	Purchase
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	75.12	Active	Fixed/Per Unit	Purchase
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	106.58	Active	Fixed/Per Unit	Purchase
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	137.04	Active	Fixed/Per Unit	Purchase
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	14.34	Active	Fixed/Per Unit	Purchase
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	21.00	Active	Fixed/Per Unit	Purchase
99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	0.00	Active	Fixed/Per Unit	Purchase
99429	Unlisted preventive medicine service	0.00	Active	Fixed/Per Unit	Purchase

99431	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)	71.48	Active	Fixed/Per Unit	Purchase
99432	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)	97.88	Active	Fixed/Per Unit	Purchase
99433	Subsequent hospital care, for the evaluation and management of a normal newborn, per day	36.68	Active	Fixed/Per Unit	Purchase
99435	History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.)	94.49	Active	Fixed/Per Unit	Purchase
99436	Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn	90.33	Active	Fixed/Per Unit	Purchase
99440	Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	177.35	Active	Fixed/Per Unit	Purchase
99450	Basic life and/or disability examination that includes: measurement of height, weight and blood pressure; completion of a medical history following a life insurance pro forma; collection of blood sample and/or urinalysis complying with 'chain of custody' protocols; and completion of necessary documentation/certificates.	0.00	Active	Fixed/Per Unit	Purchase
99455	Work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.	0.00	Active	Fixed/Per Unit	Purchase
99456	Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.	0.00	Active	Fixed/Per Unit	Purchase
99499	Unlisted evaluation and management service	0.00	Active	Fixed/Per Unit	Purchase

Chiropractic Manipulation

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	28.76	Active	Fixed/Per Unit	Purchase
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	39.65	Active	Fixed/Per Unit	Purchase
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	52.80	Active	Fixed/Per Unit	Purchase
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	27.00	Active	Fixed/Per Unit	Purchase

Home Health Care

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	0.00	Active	Fixed/Per Unit	Purchase

99501	Home visit for postnatal assessment and follow-up care	0.00	Active	Fixed/Per Unit	Purchase
99502	Home visit for newborn care and assessment	0.00	Active	Fixed/Per Unit	Purchase
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	0.00	Active	Fixed/Per Unit	Purchase
99504	Home visit for mechanical ventilation care	0.00	Active	Fixed/Per Unit	Purchase
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	0.00	Active	Fixed/Per Unit	Purchase
99506	Home visit for intramuscular injections	0.00	Active	Fixed/Per Unit	Purchase
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	0.00	Active	Fixed/Per Unit	Purchase
99509	Home visit for assistance with activities of daily living and personal care	0.00	Active	Fixed/Per Unit	Purchase
99510	Home visit for individual, family, or marriage counseling	0.00	Active	Fixed/Per Unit	Purchase
99511	Home visit for fecal impaction management and enema administration	0.00	Active	Fixed/Per Unit	Purchase
99512	Home visit for hemodialysis	0.00	Active	Fixed/Per Unit	Purchase
99600	Unlisted home visit service or procedure	0.00	Active	Fixed/Per Unit	Purchase
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	0.00	Active	Fixed/Per Unit	Purchase
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase

Psychological Services

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorshach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	110.03	Active	Fixed/Per Unit	Purchase
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	45.78	Active	Fixed/Per Unit	Purchase
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	32.38	Active	Fixed/Per Unit	Purchase
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	93.12	Active	Fixed/Per Unit	Purchase
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	38.03	Active	Fixed/Per Unit	Purchase
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	178.15	Active	Fixed/Per Unit	Purchase

96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	29.15	Active	Fixed/Per Unit	Purchase
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	28.30	Active	Fixed/Per Unit	Purchase
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	27.11	Active	Fixed/Per Unit	Purchase
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	7.38	Active	Fixed/Per Unit	Purchase
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	26.69	Active	Fixed/Per Unit	Purchase
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	28.38	Active	Fixed/Per Unit	Purchase
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	27.30	Active	Fixed/Per Unit	Purchase

Not Assigned

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	568.48	Inactive	Not Assigned	Not Assigned
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	34.37	Inactive	Not Assigned	Not Assigned
G0102	Prostate cancer screening; digital rectal examination	19.13	Inactive	Not Assigned	Not Assigned
G0104	Colorectal cancer screening; flexible sigmoidoscopy	111.84	Inactive	Not Assigned	Not Assigned
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	348.62	Inactive	Not Assigned	Not Assigned
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	126.94	Inactive	Not Assigned	Not Assigned
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	26.35	Inactive	Not Assigned	Not Assigned
G0109	Diabetes self-management training services, group session (2 or more), per 30 minutes	15.48	Inactive	Not Assigned	Not Assigned
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	39.99	Inactive	Not Assigned	Not Assigned
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	23.48	Inactive	Not Assigned	Not Assigned
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	126.94	Inactive	Not Assigned	Not Assigned
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	348.62	Inactive	Not Assigned	Not Assigned
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	21.75	Inactive	Not Assigned	Not Assigned
G0127	Trimming of dystrophic nails, any number	14.79	Inactive	Not Assigned	Not Assigned
G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes	4.55	Inactive	Not Assigned	Not Assigned

G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	38.86	Inactive	Not Assigned	Not Assigned
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	21.75	Inactive	Not Assigned	Not Assigned
G0166	External counterpulsation, per treatment session	114.36	Inactive	Not Assigned	Not Assigned
G0168	Wound closure utilizing tissue adhesive(s) only	79.03	Inactive	Not Assigned	Not Assigned
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	50.20	Inactive	Not Assigned	Not Assigned
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period	66.26	Inactive	Not Assigned	Not Assigned
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	115.60	Inactive	Not Assigned	Not Assigned
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	121.19	Inactive	Not Assigned	Not Assigned
G0202	Screening mammography, producing direct digital image, bilateral, all views	118.68	Inactive	Not Assigned	Not Assigned
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	126.02	Inactive	Not Assigned	Not Assigned
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	101.95	Inactive	Not Assigned	Not Assigned
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)	15.76	Inactive	Not Assigned	Not Assigned
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)	16.38	Inactive	Not Assigned	Not Assigned
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	11.42	Inactive	Not Assigned	Not Assigned

G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	60.21	Inactive	Not Assigned	Not Assigned
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	34.99	Inactive	Not Assigned	Not Assigned
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	36.26	Inactive	Not Assigned	Not Assigned
G0248	Demonstration, at initial use, of home INR monitoring for patient with mechanical heart valve(s) who meets Medicare coverage criteria, under the direction of a physician; includes: demonstrating use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing	206.37	Inactive	Not Assigned	Not Assigned
G0249	Provision of test materials and equipment for home INR monitoring to patient with mechanical heart valve(s) who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; per four tests	123.81	Inactive	Not Assigned	Not Assigned
G0250	Physician review, interpretation and patient management of home INR testing for a patient with mechanical heart valve(s) who meets other coverage criteria; per four tests (does not require face-to-face service)	9.27	Inactive	Not Assigned	Not Assigned
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	43.84	Inactive	Not Assigned	Not Assigned
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	15.17	Inactive	Not Assigned	Not Assigned
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	6.17	Inactive	Not Assigned	Not Assigned

G0275	Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	13.16	Inactive	Not Assigned	Not Assigned
G0278	Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (list separately in addition to primary procedure)	13.16	Inactive	Not Assigned	Not Assigned
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	10.82	Inactive	Not Assigned	Not Assigned
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	10.82	Inactive	Not Assigned	Not Assigned
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	340.80	Inactive	Not Assigned	Not Assigned
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	96.16	Inactive	Not Assigned	Not Assigned
G0308	ESRD related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.	773.12	Inactive	Not Assigned	Not Assigned
G0309	ESRD related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.	644.19	Inactive	Not Assigned	Not Assigned
G0310	ESRD related services during the course of treatment, for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	515.08	Inactive	Not Assigned	Not Assigned
G0311	ESRD related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	535.49	Inactive	Not Assigned	Not Assigned
G0312	ESRD related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month	446.33	Inactive	Not Assigned	Not Assigned
G0313	ESRD related services during the course of treatment, for patients between 2 and 11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	356.62	Inactive	Not Assigned	Not Assigned
G0314	ESRD related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	467.12	Inactive	Not Assigned	Not Assigned

G0315	ESRD related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month	389.20	Inactive	Not Assigned	Not Assigned
G0316	ESRD related services during the course of treatment, for patients between 12 and 19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	310.72	Inactive	Not Assigned	Not Assigned
G0317	ESRD related services during the course of treatment, for patients 20 years of age and over; with 4 or more face-to-face physician visits per month	291.94	Inactive	Not Assigned	Not Assigned
G0318	ESRD related services during the course of treatment, for patients 20 years of age and over; with 2 or 3 face-to-face physician visits per month	243.07	Inactive	Not Assigned	Not Assigned
G0319	ESRD related services during the course of treatment, for patients 20 years of age and over; with 1 face-to-face physician visit per month	194.20	Inactive	Not Assigned	Not Assigned
G0320	ESRD related services for home dialysis patients per full month; for patients under 2 years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	644.19	Inactive	Not Assigned	Not Assigned
G0321	ESRD related services for home dialysis patients per full month; for patients 2 to 11 years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	446.33	Inactive	Not Assigned	Not Assigned
G0322	ESRD related services for home dialysis patients per full month; for patients 12 to 19 years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents	389.20	Inactive	Not Assigned	Not Assigned
G0323	ESRD related services for home dialysis patients per full month; for patients 20 years of age and older	243.07	Inactive	Not Assigned	Not Assigned
G0324	ESRD related services less than full month, per day; for patients under 2 years of age	21.30	Inactive	Not Assigned	Not Assigned
G0325	ESRD related services less than full month, per day; for patients between 2 and 11 years of age	13.03	Inactive	Not Assigned	Not Assigned
G0326	ESRD related services less than full month, per day; for patients between 12 and 19 years of age	14.85	Inactive	Not Assigned	Not Assigned
G0327	ESRD related services less than full month, per day; for patients 20 years of age and over	8.37	Inactive	Not Assigned	Not Assigned
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	7.21	Inactive	Not Assigned	Not Assigned
G0332	Services for intravenous infusion of immunoglobulin prior to administration, per infusion encounter (this service is to be billed in conjunction with administration of immunoglobulin)	59.28	Inactive	Not Assigned	Not Assigned
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	471.13	Inactive	Not Assigned	Not Assigned
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	702.15	Inactive	Not Assigned	Not Assigned
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	1,145.55	Inactive	Not Assigned	Not Assigned
G0344	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment	91.72	Inactive	Not Assigned	Not Assigned
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	12.75	Inactive	Not Assigned	Not Assigned

G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	148.28	Inactive	Not Assigned	Not Assigned
G0366	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report, performed as a component of the initial preventive physical examination	24.03	Inactive	Not Assigned	Not Assigned
G0367	Tracing only, without interpretation and report, performed as a component of the initial preventive physical examination	15.14	Inactive	Not Assigned	Not Assigned
G0368	Interpretation and report only, performed as a component of the initial preventive physical examination	8.89	Inactive	Not Assigned	Not Assigned
G0372	Physician service required to establish and document the need for a power mobility device (use in addition to primary evaluation and management code)	19.13	Inactive	Not Assigned	Not Assigned
G0375	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	12.48	Inactive	Not Assigned	Not Assigned
G0376	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	24.36	Inactive	Not Assigned	Not Assigned
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	25.16	Inactive	Not Assigned	Not Assigned
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	21.75	Inactive	Not Assigned	Not Assigned
Q0035	Cardiokymography	22.17	Inactive	Not Assigned	Not Assigned
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	35.99	Inactive	Not Assigned	Not Assigned
Q0092	Set-up portable x-ray equipment	10.52	Inactive	Not Assigned	Not Assigned

Pathology

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
80048	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	80.00	Active	Percent	Purchase
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	80.00	Active	Percent	Purchase
80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)	80.00	Active	Percent	Purchase
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	80.00	Active	Percent	Purchase

80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	80.00	Active	Percent	Purchase
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	80.00	Active	Percent	Purchase
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	80.00	Active	Percent	Purchase
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	80.00	Active	Percent	Purchase
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	80.00	Active	Percent	Purchase
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure	80.00	Active	Percent	Purchase
80101	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class	80.00	Active	Percent	Purchase
80102	Drug confirmation, each procedure	80.00	Active	Percent	Purchase
80103	Tissue preparation for drug analysis	80.00	Active	Percent	Purchase
80150	Amikacin	80.00	Active	Percent	Purchase
80152	Amitriptyline	80.00	Active	Percent	Purchase
80154	Benzodiazepines	80.00	Active	Percent	Purchase
80156	Carbamazepine; total	80.00	Active	Percent	Purchase
80157	Carbamazepine; free	80.00	Active	Percent	Purchase
80158	Cyclosporine	80.00	Active	Percent	Purchase
80160	Desipramine	80.00	Active	Percent	Purchase
80162	Digoxin	80.00	Active	Percent	Purchase
80164	Dipropylacetic acid (valproic acid)	80.00	Active	Percent	Purchase
80166	Doxepin	80.00	Active	Percent	Purchase
80168	Ethosuximide	80.00	Active	Percent	Purchase
80170	Gentamicin	80.00	Active	Percent	Purchase
80172	Gold	80.00	Active	Percent	Purchase
80173	Haloperidol	80.00	Active	Percent	Purchase
80174	Imipramine	80.00	Active	Percent	Purchase
80176	Lidocaine	80.00	Active	Percent	Purchase
80178	Lithium	80.00	Active	Percent	Purchase
80182	Nortriptyline	80.00	Active	Percent	Purchase
80184	Phenobarbital	80.00	Active	Percent	Purchase
80185	Phenytoin; total	80.00	Active	Percent	Purchase

80186	Phenytoin; free	80.00	Active	Percent	Purchase
80188	Primidone	80.00	Active	Percent	Purchase
80190	Procainamide;	80.00	Active	Percent	Purchase
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	80.00	Active	Percent	Purchase
80194	Quinidine	80.00	Active	Percent	Purchase
80195	Sirolimus	80.00	Active	Percent	Purchase
80196	Salicylate	80.00	Active	Percent	Purchase
80197	Tacrolimus	80.00	Active	Percent	Purchase
80198	Theophylline	80.00	Active	Percent	Purchase
80200	Tobramycin	80.00	Active	Percent	Purchase
80201	Topiramate	80.00	Active	Percent	Purchase
80202	Vancomycin	80.00	Active	Percent	Purchase
80299	Quantitation of drug, not elsewhere specified	80.00	Active	Percent	Purchase
80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	80.00	Active	Percent	Purchase
80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	80.00	Active	Percent	Purchase
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	80.00	Active	Percent	Purchase
80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	80.00	Active	Percent	Purchase
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	80.00	Active	Percent	Purchase
80412	Corticotrophic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotrophic hormone (ACTH) (82024 x 6)	80.00	Active	Percent	Purchase
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples)	80.00	Active	Percent	Purchase
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples)	80.00	Active	Percent	Purchase
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	80.00	Active	Percent	Purchase
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	80.00	Active	Percent	Purchase
80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	80.00	Active	Percent	Purchase
80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	80.00	Active	Percent	Purchase
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	80.00	Active	Percent	Purchase
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	80.00	Active	Percent	Purchase

80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	80.00	Active	Percent	Purchase
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	80.00	Active	Percent	Purchase
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	80.00	Active	Percent	Purchase
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	80.00	Active	Percent	Purchase
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	80.00	Active	Percent	Purchase
80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	80.00	Active	Percent	Purchase
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	80.00	Active	Percent	Purchase
80438	Thyrotropin releasing hormone (TRH) stimulation panel; one hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	80.00	Active	Percent	Purchase
80439	Thyrotropin releasing hormone (TRH) stimulation panel; two hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	80.00	Active	Percent	Purchase
80440	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)	80.00	Active	Percent	Purchase
80500	Clinical pathology consultation; limited, without review of patient's history and medical records	80.00	Active	Percent	Purchase
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	80.00	Active	Percent	Purchase
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	80.00	Active	Percent	Purchase
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	80.00	Active	Percent	Purchase
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	80.00	Active	Percent	Purchase
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	80.00	Active	Percent	Purchase
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	80.00	Active	Percent	Purchase
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	80.00	Active	Percent	Purchase
81015	Urinalysis; microscopic only	80.00	Active	Percent	Purchase
81020	Urinalysis; two or three glass test	80.00	Active	Percent	Purchase
81025	Urine pregnancy test, by visual color comparison methods	80.00	Active	Percent	Purchase
81050	Volume measurement for timed collection, each	80.00	Active	Percent	Purchase
81099	Unlisted urinalysis procedure	80.00	Active	Percent	Purchase

82000	Acetaldehyde, blood	80.00	Active	Percent	Purchase
82003	Acetaminophen	80.00	Active	Percent	Purchase
82009	Acetone or other ketone bodies, serum; qualitative	80.00	Active	Percent	Purchase
82010	Acetone or other ketone bodies, serum; quantitative	80.00	Active	Percent	Purchase
82013	Acetylcholinesterase	80.00	Active	Percent	Purchase
82016	Acylcarnitines; qualitative, each specimen	80.00	Active	Percent	Purchase
82017	Acylcarnitines; quantitative, each specimen	80.00	Active	Percent	Purchase
82024	Adrenocorticotrophic hormone (ACTH)	80.00	Active	Percent	Purchase
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	80.00	Active	Percent	Purchase
82040	Albumin; serum	80.00	Active	Percent	Purchase
82042	Albumin; urine or other source, quantitative, each specimen	80.00	Active	Percent	Purchase
82043	Albumin; urine, microalbumin, quantitative	80.00	Active	Percent	Purchase
82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)	80.00	Active	Percent	Purchase
82045	Albumin; ischemia modified	80.00	Active	Percent	Purchase
82055	Alcohol (ethanol); any specimen except breath	80.00	Active	Percent	Purchase
82075	Alcohol (ethanol); breath	80.00	Active	Percent	Purchase
82085	Aldolase	80.00	Active	Percent	Purchase
82088	Aldosterone	80.00	Active	Percent	Purchase
82101	Alkaloids, urine, quantitative	80.00	Active	Percent	Purchase
82103	Alpha-1-antitrypsin; total	80.00	Active	Percent	Purchase
82104	Alpha-1-antitrypsin; phenotype	80.00	Active	Percent	Purchase
82105	Alpha-fetoprotein; serum	80.00	Active	Percent	Purchase
82106	Alpha-fetoprotein; amniotic fluid	80.00	Active	Percent	Purchase
82108	Aluminum	80.00	Active	Percent	Purchase
82120	Amines, vaginal fluid, qualitative	80.00	Active	Percent	Purchase
82127	Amino acids; single, qualitative, each specimen	80.00	Active	Percent	Purchase
82128	Amino acids; multiple, qualitative, each specimen	80.00	Active	Percent	Purchase
82131	Amino acids; single, quantitative, each specimen	80.00	Active	Percent	Purchase
82135	Aminolevulinic acid, delta (ALA)	80.00	Active	Percent	Purchase
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	80.00	Active	Percent	Purchase
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	80.00	Active	Percent	Purchase
82140	Ammonia	80.00	Active	Percent	Purchase
82143	Amniotic fluid scan (spectrophotometric)	80.00	Active	Percent	Purchase
82145	Amphetamine or methamphetamine	80.00	Active	Percent	Purchase
82150	Amylase	80.00	Active	Percent	Purchase
82154	Androstanediol glucuronide	80.00	Active	Percent	Purchase
82157	Androstenedione	80.00	Active	Percent	Purchase
82160	Androsterone	80.00	Active	Percent	Purchase
82163	Angiotensin II	80.00	Active	Percent	Purchase
82164	Angiotensin I - converting enzyme (ACE)	80.00	Active	Percent	Purchase
82172	Apolipoprotein, each	80.00	Active	Percent	Purchase
82175	Arsenic	80.00	Active	Percent	Purchase
82180	Ascorbic acid (Vitamin C), blood	80.00	Active	Percent	Purchase
82190	Atomic absorption spectroscopy, each analyte	80.00	Active	Percent	Purchase
82205	Barbiturates, not elsewhere specified	80.00	Active	Percent	Purchase
82232	Beta-2 microglobulin	80.00	Active	Percent	Purchase
82239	Bile acids; total	80.00	Active	Percent	Purchase
82240	Bile acids; cholyglycine	80.00	Active	Percent	Purchase

82247	Bilirubin; total	80.00	Active	Percent	Purchase
82248	Bilirubin; direct	80.00	Active	Percent	Purchase
82252	Bilirubin; feces, qualitative	80.00	Active	Percent	Purchase
82261	Biotinidase, each specimen	80.00	Active	Percent	Purchase
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)	80.00	Active	Percent	Purchase
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	80.00	Active	Percent	Purchase
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single specimen (eg, from digital rectal exam)	80.00	Active	Percent	Purchase
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	80.00	Active	Percent	Purchase
82286	Bradykinin	80.00	Active	Percent	Purchase
82300	Cadmium	80.00	Active	Percent	Purchase
82306	Calcifediol (25-OH Vitamin D-3)	80.00	Active	Percent	Purchase
82307	Calciferol (Vitamin D)	80.00	Active	Percent	Purchase
82308	Calcitonin	80.00	Active	Percent	Purchase
82310	Calcium; total	80.00	Active	Percent	Purchase
82330	Calcium; ionized	80.00	Active	Percent	Purchase
82331	Calcium; after calcium infusion test	80.00	Active	Percent	Purchase
82340	Calcium; urine quantitative, timed specimen	80.00	Active	Percent	Purchase
82355	Calculus; qualitative analysis	80.00	Active	Percent	Purchase
82360	Calculus; quantitative analysis, chemical	80.00	Active	Percent	Purchase
82365	Calculus; infrared spectroscopy	80.00	Active	Percent	Purchase
82370	Calculus; x-ray diffraction	80.00	Active	Percent	Purchase
82373	Carbohydrate deficient transferrin	80.00	Active	Percent	Purchase
82374	Carbon dioxide (bicarbonate)	80.00	Active	Percent	Purchase
82375	Carbon monoxide, (carboxyhemoglobin); quantitative	80.00	Active	Percent	Purchase
82376	Carbon monoxide, (carboxyhemoglobin); qualitative	80.00	Active	Percent	Purchase
82378	Carcinoembryonic antigen (CEA)	80.00	Active	Percent	Purchase
82379	Carnitine (total and free), quantitative, each specimen	80.00	Active	Percent	Purchase
82380	Carotene	80.00	Active	Percent	Purchase
82382	Catecholamines; total urine	80.00	Active	Percent	Purchase
82383	Catecholamines; blood	80.00	Active	Percent	Purchase
82384	Catecholamines; fractionated	80.00	Active	Percent	Purchase
82387	Cathepsin-D	80.00	Active	Percent	Purchase
82390	Ceruloplasmin	80.00	Active	Percent	Purchase
82397	Chemiluminescent assay	80.00	Active	Percent	Purchase
82415	Chloramphenicol	80.00	Active	Percent	Purchase
82435	Chloride; blood	80.00	Active	Percent	Purchase
82436	Chloride; urine	80.00	Active	Percent	Purchase
82438	Chloride; other source	80.00	Active	Percent	Purchase
82441	Chlorinated hydrocarbons, screen	80.00	Active	Percent	Purchase
82465	Cholesterol, serum or whole blood, total	80.00	Active	Percent	Purchase
82480	Cholinesterase; serum	80.00	Active	Percent	Purchase
82482	Cholinesterase; RBC	80.00	Active	Percent	Purchase
82485	Chondroitin B sulfate, quantitative	80.00	Active	Percent	Purchase
82486	Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified	80.00	Active	Percent	Purchase

82487	Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified	80.00	Active	Percent	Purchase
82488	Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified	80.00	Active	Percent	Purchase
82489	Chromatography, qualitative; thin layer, analyte not elsewhere specified	80.00	Active	Percent	Purchase
82491	Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase	80.00	Active	Percent	Purchase
82492	Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase	80.00	Active	Percent	Purchase
82495	Chromium	80.00	Active	Percent	Purchase
82507	Citrate	80.00	Active	Percent	Purchase
82520	Cocaine or metabolite	80.00	Active	Percent	Purchase
82523	Collagen cross links, any method	80.00	Active	Percent	Purchase
82525	Copper	80.00	Active	Percent	Purchase
82528	Corticosterone	80.00	Active	Percent	Purchase
82530	Cortisol; free	80.00	Active	Percent	Purchase
82533	Cortisol; total	80.00	Active	Percent	Purchase
82540	Creatine	80.00	Active	Percent	Purchase
82541	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase	80.00	Active	Percent	Purchase
82542	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; quantitative, single stationary and mobile phase	80.00	Active	Percent	Purchase
82543	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase	80.00	Active	Percent	Purchase
82544	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase	80.00	Active	Percent	Purchase
82550	Creatine kinase (CK), (CPK); total	80.00	Active	Percent	Purchase
82552	Creatine kinase (CK), (CPK); isoenzymes	80.00	Active	Percent	Purchase
82553	Creatine kinase (CK), (CPK); MB fraction only	80.00	Active	Percent	Purchase
82554	Creatine kinase (CK), (CPK); isoforms	80.00	Active	Percent	Purchase
82565	Creatinine; blood	80.00	Active	Percent	Purchase
82570	Creatinine; other source	80.00	Active	Percent	Purchase
82575	Creatinine; clearance	80.00	Active	Percent	Purchase
82585	Cryofibrinogen	80.00	Active	Percent	Purchase
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	80.00	Active	Percent	Purchase
82600	Cyanide	80.00	Active	Percent	Purchase
82607	Cyanocobalamin (Vitamin B-12);	80.00	Active	Percent	Purchase
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	80.00	Active	Percent	Purchase
82615	Cystine and homocystine, urine, qualitative	80.00	Active	Percent	Purchase
82626	Dehydroepiandrosterone (DHEA)	80.00	Active	Percent	Purchase
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	80.00	Active	Percent	Purchase
82633	Desoxycorticosterone, 11-	80.00	Active	Percent	Purchase
82634	Deoxycortisol, 11-	80.00	Active	Percent	Purchase
82638	Dibucaine number	80.00	Active	Percent	Purchase
82646	Dihydrocodeinone	80.00	Active	Percent	Purchase

82649	Dihydromorphinone	80.00	Active	Percent	Purchase
82651	Dihydrotestosterone (DHT)	80.00	Active	Percent	Purchase
82652	Dihydroxyvitamin D, 1,25-	80.00	Active	Percent	Purchase
82654	Dimethadione	80.00	Active	Percent	Purchase
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	80.00	Active	Percent	Purchase
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	80.00	Active	Percent	Purchase
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	80.00	Active	Percent	Purchase
82664	Electrophoretic technique, not elsewhere specified	80.00	Active	Percent	Purchase
82666	Epiandrosterone	80.00	Active	Percent	Purchase
82668	Erythropoietin	80.00	Active	Percent	Purchase
82670	Estradiol	80.00	Active	Percent	Purchase
82671	Estrogens; fractionated	80.00	Active	Percent	Purchase
82672	Estrogens; total	80.00	Active	Percent	Purchase
82677	Estriol	80.00	Active	Percent	Purchase
82679	Estrone	80.00	Active	Percent	Purchase
82690	Ethchlorvynol	80.00	Active	Percent	Purchase
82693	Ethylene glycol	80.00	Active	Percent	Purchase
82696	Etiocanolone	80.00	Active	Percent	Purchase
82705	Fat or lipids, feces; qualitative	80.00	Active	Percent	Purchase
82710	Fat or lipids, feces; quantitative	80.00	Active	Percent	Purchase
82715	Fat differential, feces, quantitative	80.00	Active	Percent	Purchase
82725	Fatty acids, nonesterified	80.00	Active	Percent	Purchase
82726	Very long chain fatty acids	80.00	Active	Percent	Purchase
82728	Ferritin	80.00	Active	Percent	Purchase
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	80.00	Active	Percent	Purchase
82735	Fluoride	80.00	Active	Percent	Purchase
82742	Flurazepam	80.00	Active	Percent	Purchase
82746	Folic acid; serum	80.00	Active	Percent	Purchase
82747	Folic acid; RBC	80.00	Active	Percent	Purchase
82757	Fructose, semen	80.00	Active	Percent	Purchase
82759	Galactokinase, RBC	80.00	Active	Percent	Purchase
82760	Galactose	80.00	Active	Percent	Purchase
82775	Galactose-1-phosphate uridyl transferase; quantitative	80.00	Active	Percent	Purchase
82776	Galactose-1-phosphate uridyl transferase; screen	80.00	Active	Percent	Purchase
82784	Gammaglobulin; IgA, IgD, IgG, IgM, each	80.00	Active	Percent	Purchase
82785	Gammaglobulin; IgE	80.00	Active	Percent	Purchase
82787	Gammaglobulin; immunoglobulin subclasses, (IgG1, 2, 3, or 4), each	80.00	Active	Percent	Purchase
82800	Gases, blood, pH only	80.00	Active	Percent	Purchase
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	80.00	Active	Percent	Purchase
82805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry	80.00	Active	Percent	Purchase
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	80.00	Active	Percent	Purchase
82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)	80.00	Active	Percent	Purchase

82926	Gastric acid, free and total, each specimen	80.00	Active	Percent	Purchase
82928	Gastric acid, free or total, each specimen	80.00	Active	Percent	Purchase
82938	Gastrin after secretin stimulation	80.00	Active	Percent	Purchase
82941	Gastrin	80.00	Active	Percent	Purchase
82943	Glucagon	80.00	Active	Percent	Purchase
82945	Glucose, body fluid, other than blood	80.00	Active	Percent	Purchase
82946	Glucagon tolerance test	80.00	Active	Percent	Purchase
82947	Glucose; quantitative, blood (except reagent strip)	80.00	Active	Percent	Purchase
82948	Glucose; blood, reagent strip	80.00	Active	Percent	Purchase
82950	Glucose; post glucose dose (includes glucose)	80.00	Active	Percent	Purchase
82951	Glucose; tolerance test (GTT), three specimens (includes glucose)	80.00	Active	Percent	Purchase
82952	Glucose; tolerance test, each additional beyond three specimens	80.00	Active	Percent	Purchase
82953	Glucose; tolbutamide tolerance test	80.00	Active	Percent	Purchase
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	80.00	Active	Percent	Purchase
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	80.00	Active	Percent	Purchase
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	80.00	Active	Percent	Purchase
82963	Glucosidase, beta	80.00	Active	Percent	Purchase
82965	Glutamate dehydrogenase	80.00	Active	Percent	Purchase
82975	Glutamine (glutamic acid amide)	80.00	Active	Percent	Purchase
82977	Glutamyltransferase, gamma (GGT)	80.00	Active	Percent	Purchase
82978	Glutathione	80.00	Active	Percent	Purchase
82979	Glutathione reductase, RBC	80.00	Active	Percent	Purchase
82980	Glutethimide	80.00	Active	Percent	Purchase
82985	Glycated protein	80.00	Active	Percent	Purchase
83001	Gonadotropin; follicle stimulating hormone (FSH)	80.00	Active	Percent	Purchase
83002	Gonadotropin; luteinizing hormone (LH)	80.00	Active	Percent	Purchase
83003	Growth hormone, human (HGH) (somatotropin)	80.00	Active	Percent	Purchase
83008	Guanosine monophosphate (GMP), cyclic	80.00	Active	Percent	Purchase
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	80.00	Active	Percent	Purchase
83010	Haptoglobin; quantitative	80.00	Active	Percent	Purchase
83012	Haptoglobin; phenotypes	80.00	Active	Percent	Purchase
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	80.00	Active	Percent	Purchase
83014	Helicobacter pylori; drug administration	80.00	Active	Percent	Purchase
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); screen	80.00	Active	Percent	Purchase
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each	80.00	Active	Percent	Purchase
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	80.00	Active	Percent	Purchase
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	80.00	Active	Percent	Purchase
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	80.00	Active	Percent	Purchase
83026	Hemoglobin; by copper sulfate method, non-automated	80.00	Active	Percent	Purchase
83030	Hemoglobin; F (fetal), chemical	80.00	Active	Percent	Purchase
83033	Hemoglobin; F (fetal), qualitative	80.00	Active	Percent	Purchase
83036	Hemoglobin; glycosylated (A1C)	80.00	Active	Percent	Purchase
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	80.00	Active	Percent	Purchase

83045	Hemoglobin; methemoglobin, qualitative	80.00	Active	Percent	Purchase
83050	Hemoglobin; methemoglobin, quantitative	80.00	Active	Percent	Purchase
83051	Hemoglobin; plasma	80.00	Active	Percent	Purchase
83055	Hemoglobin; sulfhemoglobin, qualitative	80.00	Active	Percent	Purchase
83060	Hemoglobin; sulfhemoglobin, quantitative	80.00	Active	Percent	Purchase
83065	Hemoglobin; thermolabile	80.00	Active	Percent	Purchase
83068	Hemoglobin; unstable, screen	80.00	Active	Percent	Purchase
83069	Hemoglobin; urine	80.00	Active	Percent	Purchase
83070	Hemosiderin; qualitative	80.00	Active	Percent	Purchase
83071	Hemosiderin; quantitative	80.00	Active	Percent	Purchase
83080	b-Hexosaminidase, each assay	80.00	Active	Percent	Purchase
83088	Histamine	80.00	Active	Percent	Purchase
83090	Homocysteine	80.00	Active	Percent	Purchase
83150	Homovanillic acid (HVA)	80.00	Active	Percent	Purchase
83491	Hydroxycorticosteroids, 17- (17-OHCS)	80.00	Active	Percent	Purchase
83497	Hydroxyindolacetic acid, 5-(HIAA)	80.00	Active	Percent	Purchase
83498	Hydroxyprogesterone, 17-d	80.00	Active	Percent	Purchase
83499	Hydroxyprogesterone, 20-	80.00	Active	Percent	Purchase
83500	Hydroxyproline; free	80.00	Active	Percent	Purchase
83505	Hydroxyproline; total	80.00	Active	Percent	Purchase
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method	80.00	Active	Percent	Purchase
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)	80.00	Active	Percent	Purchase
83519	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (eg, RIA)	80.00	Active	Percent	Purchase
83520	Immunoassay, analyte, quantitative; not otherwise specified	80.00	Active	Percent	Purchase
83525	Insulin; total	80.00	Active	Percent	Purchase
83527	Insulin; free	80.00	Active	Percent	Purchase
83528	Intrinsic factor	80.00	Active	Percent	Purchase
83540	Iron	80.00	Active	Percent	Purchase
83550	Iron binding capacity	80.00	Active	Percent	Purchase
83570	Isocitric dehydrogenase (IDH)	80.00	Active	Percent	Purchase
83582	Ketogenic steroids, fractionation	80.00	Active	Percent	Purchase
83586	Ketosteroids, 17- (17-KS); total	80.00	Active	Percent	Purchase
83593	Ketosteroids, 17- (17-KS); fractionation	80.00	Active	Percent	Purchase
83605	Lactate (lactic acid)	80.00	Active	Percent	Purchase
83615	Lactate dehydrogenase (LD), (LDH);	80.00	Active	Percent	Purchase
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	80.00	Active	Percent	Purchase
83630	Lactoferrin, fecal; qualitative	80.00	Active	Percent	Purchase
83631	Lactoferrin, fecal; quantitative	80.00	Active	Percent	Purchase
83632	Lactogen; human placental (HPL) human chorionic somatomammotropin	80.00	Active	Percent	Purchase
83633	Lactose, urine; qualitative	80.00	Active	Percent	Purchase
83634	Lactose, urine; quantitative	80.00	Active	Percent	Purchase
83655	Lead	80.00	Active	Percent	Purchase
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	80.00	Active	Percent	Purchase
83662	Fetal lung maturity assessment; foam stability test	80.00	Active	Percent	Purchase

83663	Fetal lung maturity assessment; fluorescence polarization	80.00	Active	Percent	Purchase
83664	Fetal lung maturity assessment; lamellar body density	80.00	Active	Percent	Purchase
83670	Leucine aminopeptidase (LAP)	80.00	Active	Percent	Purchase
83690	Lipase	80.00	Active	Percent	Purchase
83695	Lipoprotein (a)	80.00	Active	Percent	Purchase
83700	Lipoprotein, blood; electrophoretic separation and quantitation	80.00	Active	Percent	Purchase
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	80.00	Active	Percent	Purchase
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear magnetic resonance spectroscopy)	80.00	Active	Percent	Purchase
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	80.00	Active	Percent	Purchase
83719	Lipoprotein, direct measurement; VLDL cholesterol	80.00	Active	Percent	Purchase
83721	Lipoprotein, direct measurement; LDL cholesterol	80.00	Active	Percent	Purchase
83727	Luteinizing releasing factor (LRH)	80.00	Active	Percent	Purchase
83735	Magnesium	80.00	Active	Percent	Purchase
83775	Malate dehydrogenase	80.00	Active	Percent	Purchase
83785	Manganese	80.00	Active	Percent	Purchase
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen	80.00	Active	Percent	Purchase
83789	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen	80.00	Active	Percent	Purchase
83805	Meprobamate	80.00	Active	Percent	Purchase
83825	Mercury, quantitative	80.00	Active	Percent	Purchase
83835	Metanephrines	80.00	Active	Percent	Purchase
83840	Methadone	80.00	Active	Percent	Purchase
83857	Methemalbumin	80.00	Active	Percent	Purchase
83858	Methsuximide	80.00	Active	Percent	Purchase
83864	Mucopolysaccharides, acid; quantitative	80.00	Active	Percent	Purchase
83866	Mucopolysaccharides, acid; screen	80.00	Active	Percent	Purchase
83872	Mucin, synovial fluid (Ropes test)	80.00	Active	Percent	Purchase
83873	Myelin basic protein, cerebrospinal fluid	80.00	Active	Percent	Purchase
83874	Myoglobin	80.00	Active	Percent	Purchase
83880	Natriuretic peptide	80.00	Active	Percent	Purchase
83883	Nephelometry, each analyte not elsewhere specified	80.00	Active	Percent	Purchase
83885	Nickel	80.00	Active	Percent	Purchase
83887	Nicotine	80.00	Active	Percent	Purchase
83890	Molecular diagnostics; molecular isolation or extraction	80.00	Active	Percent	Purchase
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid	80.00	Active	Percent	Purchase
83892	Molecular diagnostics; enzymatic digestion	80.00	Active	Percent	Purchase
83893	Molecular diagnostics; dot/slot blot production	80.00	Active	Percent	Purchase
83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide)	80.00	Active	Percent	Purchase
83896	Molecular diagnostics; nucleic acid probe, each	80.00	Active	Percent	Purchase
83897	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern)	80.00	Active	Percent	Purchase
83898	Molecular diagnostics; amplification of patient nucleic acid, each nucleic acid sequence	80.00	Active	Percent	Purchase

83900	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences	80.00	Active	Percent	Purchase
83901	Molecular diagnostics; amplification of patient nucleic acid, multiplex, each additional nucleic acid sequence (List separately in addition to code for primary procedure)	80.00	Active	Percent	Purchase
83902	Molecular diagnostics; reverse transcription	80.00	Active	Percent	Purchase
83903	Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each	80.00	Active	Percent	Purchase
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment	80.00	Active	Percent	Purchase
83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment	80.00	Active	Percent	Purchase
83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment	80.00	Active	Percent	Purchase
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue)	80.00	Active	Percent	Purchase
83908	Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence	80.00	Active	Percent	Purchase
83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis)	80.00	Active	Percent	Purchase
83912	Molecular diagnostics; interpretation and report	80.00	Active	Percent	Purchase
83912	Molecular diagnostics; interpretation and report	80.00	Active	Percent	Purchase
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (eg, oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))	80.00	Active	Percent	Purchase
83915	Nucleotidase 5'-	80.00	Active	Percent	Purchase
83916	Oligoclonal immune (oligoclonal bands)	80.00	Active	Percent	Purchase
83918	Organic acids; total, quantitative, each specimen	80.00	Active	Percent	Purchase
83919	Organic acids; qualitative, each specimen	80.00	Active	Percent	Purchase
83921	Organic acid, single, quantitative	80.00	Active	Percent	Purchase
83925	Opiates, (eg, morphine, meperidine)	80.00	Active	Percent	Purchase
83930	Osmolality; blood	80.00	Active	Percent	Purchase
83935	Osmolality; urine	80.00	Active	Percent	Purchase
83937	Osteocalcin (bone g1a protein)	80.00	Active	Percent	Purchase
83945	Oxalate	80.00	Active	Percent	Purchase
83950	Oncoprotein, HER-2/neu	80.00	Active	Percent	Purchase
83970	Parathormone (parathyroid hormone)	80.00	Active	Percent	Purchase
83986	pH, body fluid, except blood	80.00	Active	Percent	Purchase
83992	Phencyclidine (PCP)	80.00	Active	Percent	Purchase
84022	Phenothiazine	80.00	Active	Percent	Purchase
84030	Phenylalanine (PKU), blood	80.00	Active	Percent	Purchase
84035	Phenylketones, qualitative	80.00	Active	Percent	Purchase
84060	Phosphatase, acid; total	80.00	Active	Percent	Purchase
84061	Phosphatase, acid; forensic examination	80.00	Active	Percent	Purchase
84066	Phosphatase, acid; prostatic	80.00	Active	Percent	Purchase
84075	Phosphatase, alkaline;	80.00	Active	Percent	Purchase
84078	Phosphatase, alkaline; heat stable (total not included)	80.00	Active	Percent	Purchase
84080	Phosphatase, alkaline; isoenzymes	80.00	Active	Percent	Purchase
84081	Phosphatidylglycerol	80.00	Active	Percent	Purchase
84085	Phosphogluconate, 6-, dehydrogenase, RBC	80.00	Active	Percent	Purchase

84087	Phosphohexose isomerase	80.00	Active	Percent	Purchase
84100	Phosphorus inorganic (phosphate);	80.00	Active	Percent	Purchase
84105	Phosphorus inorganic (phosphate); urine	80.00	Active	Percent	Purchase
84106	Porphobilinogen, urine; qualitative	80.00	Active	Percent	Purchase
84110	Porphobilinogen, urine; quantitative	80.00	Active	Percent	Purchase
84119	Porphyrins, urine; qualitative	80.00	Active	Percent	Purchase
84120	Porphyrins, urine; quantitation and fractionation	80.00	Active	Percent	Purchase
84126	Porphyrins, feces; quantitative	80.00	Active	Percent	Purchase
84127	Porphyrins, feces; qualitative	80.00	Active	Percent	Purchase
84132	Potassium; serum	80.00	Active	Percent	Purchase
84133	Potassium; urine	80.00	Active	Percent	Purchase
84134	Prealbumin	80.00	Active	Percent	Purchase
84135	Pregnanediol	80.00	Active	Percent	Purchase
84138	Pregnanetriol	80.00	Active	Percent	Purchase
84140	Pregnenolone	80.00	Active	Percent	Purchase
84143	17-hydroxypregnenolone	80.00	Active	Percent	Purchase
84144	Progesterone	80.00	Active	Percent	Purchase
84146	Prolactin	80.00	Active	Percent	Purchase
84150	Prostaglandin, each	80.00	Active	Percent	Purchase
84152	Prostate specific antigen (PSA); complexed (direct measurement)	80.00	Active	Percent	Purchase
84153	Prostate specific antigen (PSA); total	80.00	Active	Percent	Purchase
84154	Prostate specific antigen (PSA); free	80.00	Active	Percent	Purchase
84155	Protein, total, except by refractometry; serum	80.00	Active	Percent	Purchase
84156	Protein, total, except by refractometry; urine	80.00	Active	Percent	Purchase
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	80.00	Active	Percent	Purchase
84160	Protein, total, by refractometry, any source	80.00	Active	Percent	Purchase
84163	Pregnancy-associated plasma protein-A (PAPP-A)	80.00	Active	Percent	Purchase
84165	Protein; electrophoretic fractionation and quantitation, serum	80.00	Active	Percent	Purchase
84165	Protein; electrophoretic fractionation and quantitation, serum	80.00	Active	Percent	Purchase
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	80.00	Active	Percent	Purchase
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	80.00	Active	Percent	Purchase
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	80.00	Active	Percent	Purchase
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	80.00	Active	Percent	Purchase
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	80.00	Active	Percent	Purchase
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	80.00	Active	Percent	Purchase
84202	Protoporphyrin, RBC; quantitative	80.00	Active	Percent	Purchase
84203	Protoporphyrin, RBC; screen	80.00	Active	Percent	Purchase
84206	Proinsulin	80.00	Active	Percent	Purchase
84207	Pyridoxal phosphate (Vitamin B-6)	80.00	Active	Percent	Purchase
84210	Pyruvate	80.00	Active	Percent	Purchase
84220	Pyruvate kinase	80.00	Active	Percent	Purchase
84228	Quinine	80.00	Active	Percent	Purchase
84233	Receptor assay; estrogen	80.00	Active	Percent	Purchase

84234	Receptor assay; progesterone	80.00	Active	Percent	Purchase
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	80.00	Active	Percent	Purchase
84238	Receptor assay; non-endocrine (specify receptor)	80.00	Active	Percent	Purchase
84244	Renin	80.00	Active	Percent	Purchase
84252	Riboflavin (Vitamin B-2)	80.00	Active	Percent	Purchase
84255	Selenium	80.00	Active	Percent	Purchase
84260	Serotonin	80.00	Active	Percent	Purchase
84270	Sex hormone binding globulin (SHBG)	80.00	Active	Percent	Purchase
84275	Sialic acid	80.00	Active	Percent	Purchase
84285	Silica	80.00	Active	Percent	Purchase
84295	Sodium; serum	80.00	Active	Percent	Purchase
84300	Sodium; urine	80.00	Active	Percent	Purchase
84302	Sodium; other source	80.00	Active	Percent	Purchase
84305	Somatomedin	80.00	Active	Percent	Purchase
84307	Somatostatin	80.00	Active	Percent	Purchase
84311	Spectrophotometry, analyte not elsewhere specified	80.00	Active	Percent	Purchase
84315	Specific gravity (except urine)	80.00	Active	Percent	Purchase
84375	Sugars, chromatographic, TLC or paper chromatography	80.00	Active	Percent	Purchase
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	80.00	Active	Percent	Purchase
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	80.00	Active	Percent	Purchase
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	80.00	Active	Percent	Purchase
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	80.00	Active	Percent	Purchase
84392	Sulfate, urine	80.00	Active	Percent	Purchase
84402	Testosterone; free	80.00	Active	Percent	Purchase
84403	Testosterone; total	80.00	Active	Percent	Purchase
84425	Thiamine (Vitamin B-1)	80.00	Active	Percent	Purchase
84430	Thiocyanate	80.00	Active	Percent	Purchase
84432	Thyroglobulin	80.00	Active	Percent	Purchase
84436	Thyroxine; total	80.00	Active	Percent	Purchase
84437	Thyroxine; requiring elution (eg, neonatal)	80.00	Active	Percent	Purchase
84439	Thyroxine; free	80.00	Active	Percent	Purchase
84442	Thyroxine binding globulin (TBG)	80.00	Active	Percent	Purchase
84443	Thyroid stimulating hormone (TSH)	80.00	Active	Percent	Purchase
84445	Thyroid stimulating immune globulins (TSI)	80.00	Active	Percent	Purchase
84446	Tocopherol alpha (Vitamin E)	80.00	Active	Percent	Purchase
84449	Transcortin (cortisol binding globulin)	80.00	Active	Percent	Purchase
84450	Transferase; aspartate amino (AST) (SGOT)	80.00	Active	Percent	Purchase
84460	Transferase; alanine amino (ALT) (SGPT)	80.00	Active	Percent	Purchase
84466	Transferrin	80.00	Active	Percent	Purchase
84478	Triglycerides	80.00	Active	Percent	Purchase
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	80.00	Active	Percent	Purchase
84480	Triiodothyronine T3; total (TT-3)	80.00	Active	Percent	Purchase
84481	Triiodothyronine T3; free	80.00	Active	Percent	Purchase
84482	Triiodothyronine T3; reverse	80.00	Active	Percent	Purchase
84484	Troponin, quantitative	80.00	Active	Percent	Purchase
84485	Trypsin; duodenal fluid	80.00	Active	Percent	Purchase
84488	Trypsin; feces, qualitative	80.00	Active	Percent	Purchase

84490	Trypsin; feces, quantitative, 24-hour collection	80.00	Active	Percent	Purchase
84510	Tyrosine	80.00	Active	Percent	Purchase
84512	Troponin, qualitative	80.00	Active	Percent	Purchase
84520	Urea nitrogen; quantitative	80.00	Active	Percent	Purchase
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	80.00	Active	Percent	Purchase
84540	Urea nitrogen, urine	80.00	Active	Percent	Purchase
84545	Urea nitrogen, clearance	80.00	Active	Percent	Purchase
84550	Uric acid; blood	80.00	Active	Percent	Purchase
84560	Uric acid; other source	80.00	Active	Percent	Purchase
84577	Urobilinogen, feces, quantitative	80.00	Active	Percent	Purchase
84578	Urobilinogen, urine; qualitative	80.00	Active	Percent	Purchase
84580	Urobilinogen, urine; quantitative, timed specimen	80.00	Active	Percent	Purchase
84583	Urobilinogen, urine; semiquantitative	80.00	Active	Percent	Purchase
84585	Vanillylmandelic acid (VMA), urine	80.00	Active	Percent	Purchase
84586	Vasoactive intestinal peptide (VIP)	80.00	Active	Percent	Purchase
84588	Vasopressin (antidiuretic hormone, ADH)	80.00	Active	Percent	Purchase
84590	Vitamin A	80.00	Active	Percent	Purchase
84591	Vitamin, not otherwise specified	80.00	Active	Percent	Purchase
84597	Vitamin K	80.00	Active	Percent	Purchase
84600	Volatiles (eg, acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)	80.00	Active	Percent	Purchase
84620	Xylose absorption test, blood and/or urine	80.00	Active	Percent	Purchase
84630	Zinc	80.00	Active	Percent	Purchase
84681	C-peptide	80.00	Active	Percent	Purchase
84702	Gonadotropin, chorionic (hCG); quantitative	80.00	Active	Percent	Purchase
84703	Gonadotropin, chorionic (hCG); qualitative	80.00	Active	Percent	Purchase
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	80.00	Active	Percent	Purchase
84999	Unlisted chemistry procedure	80.00	Active	Percent	Purchase
85002	Bleeding time	80.00	Active	Percent	Purchase
85004	Blood count; automated differential WBC count	80.00	Active	Percent	Purchase
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	80.00	Active	Percent	Purchase
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	80.00	Active	Percent	Purchase
85009	Blood count; manual differential WBC count, buffy coat	80.00	Active	Percent	Purchase
85013	Blood count; spun microhematocrit	80.00	Active	Percent	Purchase
85014	Blood count; hematocrit (Hct)	80.00	Active	Percent	Purchase
85018	Blood count; hemoglobin (Hgb)	80.00	Active	Percent	Purchase
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	80.00	Active	Percent	Purchase
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	80.00	Active	Percent	Purchase
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	80.00	Active	Percent	Purchase
85041	Blood count; red blood cell (RBC), automated	80.00	Active	Percent	Purchase
85044	Blood count; reticulocyte, manual	80.00	Active	Percent	Purchase
85045	Blood count; reticulocyte, automated	80.00	Active	Percent	Purchase
85046	Blood count; reticulocytes, automated, including one or more cellular parameters (eg, reticulocyte hemoglobin content (CHr), immature reticulocyte fraction (IRF), reticulocyte volume (MRV), RNA content), direct measurement	80.00	Active	Percent	Purchase

85048	Blood count; leukocyte (WBC), automated	80.00	Active	Percent	Purchase
85049	Blood count; platelet, automated	80.00	Active	Percent	Purchase
85055	Reticulated platelet assay	80.00	Active	Percent	Purchase
85060	Blood smear, peripheral, interpretation by physician with written report	80.00	Active	Percent	Purchase
85097	Bone marrow, smear interpretation	80.00	Active	Percent	Purchase
85130	Chromogenic substrate assay	80.00	Active	Percent	Purchase
85170	Clot retraction	80.00	Active	Percent	Purchase
85175	Clot lysis time, whole blood dilution	80.00	Active	Percent	Purchase
85210	Clotting; factor II, prothrombin, specific	80.00	Active	Percent	Purchase
85220	Clotting; factor V (AcG or proaccelerin), labile factor	80.00	Active	Percent	Purchase
85230	Clotting; factor VII (proconvertin, stable factor)	80.00	Active	Percent	Purchase
85240	Clotting; factor VIII (AHG), one stage	80.00	Active	Percent	Purchase
85244	Clotting; factor VIII related antigen	80.00	Active	Percent	Purchase
85245	Clotting; factor VIII, VW factor, ristocetin cofactor	80.00	Active	Percent	Purchase
85246	Clotting; factor VIII, VW factor antigen	80.00	Active	Percent	Purchase
85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	80.00	Active	Percent	Purchase
85250	Clotting; factor IX (PTC or Christmas)	80.00	Active	Percent	Purchase
85260	Clotting; factor X (Stuart-Prower)	80.00	Active	Percent	Purchase
85270	Clotting; factor XI (PTA)	80.00	Active	Percent	Purchase
85280	Clotting; factor XII (Hageman)	80.00	Active	Percent	Purchase
85290	Clotting; factor XIII (fibrin stabilizing)	80.00	Active	Percent	Purchase
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	80.00	Active	Percent	Purchase
85292	Clotting; prekallikrein assay (Fletcher factor assay)	80.00	Active	Percent	Purchase
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	80.00	Active	Percent	Purchase
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	80.00	Active	Percent	Purchase
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	80.00	Active	Percent	Purchase
85302	Clotting inhibitors or anticoagulants; protein C, antigen	80.00	Active	Percent	Purchase
85303	Clotting inhibitors or anticoagulants; protein C, activity	80.00	Active	Percent	Purchase
85305	Clotting inhibitors or anticoagulants; protein S, total	80.00	Active	Percent	Purchase
85306	Clotting inhibitors or anticoagulants; protein S, free	80.00	Active	Percent	Purchase
85307	Activated Protein C (APC) resistance assay	80.00	Active	Percent	Purchase
85335	Factor inhibitor test	80.00	Active	Percent	Purchase
85337	Thrombomodulin	80.00	Active	Percent	Purchase
85345	Coagulation time; Lee and White	80.00	Active	Percent	Purchase
85347	Coagulation time; activated	80.00	Active	Percent	Purchase
85348	Coagulation time; other methods	80.00	Active	Percent	Purchase
85360	Euglobulin lysis	80.00	Active	Percent	Purchase
85362	Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative	80.00	Active	Percent	Purchase
85366	Fibrin(ogen) degradation (split) products (FDP)(FSP); paracoagulation	80.00	Active	Percent	Purchase
85370	Fibrin(ogen) degradation (split) products (FDP)(FSP); quantitative	80.00	Active	Percent	Purchase
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	80.00	Active	Percent	Purchase
85379	Fibrin degradation products, D-dimer; quantitative	80.00	Active	Percent	Purchase
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	80.00	Active	Percent	Purchase
85384	Fibrinogen; activity	80.00	Active	Percent	Purchase

85385	Fibrinogen; antigen	80.00	Active	Percent	Purchase
85390	Fibrinolysins or coagulopathy screen, interpretation and report	80.00	Active	Percent	Purchase
85390	Fibrinolysins or coagulopathy screen, interpretation and report	80.00	Active	Percent	Purchase
85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	80.00	Active	Percent	Purchase
85400	Fibrinolytic factors and inhibitors; plasmin	80.00	Active	Percent	Purchase
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	80.00	Active	Percent	Purchase
85415	Fibrinolytic factors and inhibitors; plasminogen activator	80.00	Active	Percent	Purchase
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	80.00	Active	Percent	Purchase
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	80.00	Active	Percent	Purchase
85441	Heinz bodies; direct	80.00	Active	Percent	Purchase
85445	Heinz bodies; induced, acetyl phenylhydrazine	80.00	Active	Percent	Purchase
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	80.00	Active	Percent	Purchase
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	80.00	Active	Percent	Purchase
85475	Hemolysin, acid	80.00	Active	Percent	Purchase
85520	Heparin assay	80.00	Active	Percent	Purchase
85525	Heparin neutralization	80.00	Active	Percent	Purchase
85530	Heparin-protamine tolerance test	80.00	Active	Percent	Purchase
85536	Iron stain, peripheral blood	80.00	Active	Percent	Purchase
85540	Leukocyte alkaline phosphatase with count	80.00	Active	Percent	Purchase
85547	Mechanical fragility, RBC	80.00	Active	Percent	Purchase
85549	Muramidase	80.00	Active	Percent	Purchase
85555	Osmotic fragility, RBC; unincubated	80.00	Active	Percent	Purchase
85557	Osmotic fragility, RBC; incubated	80.00	Active	Percent	Purchase
85576	Platelet, aggregation (in vitro), each agent	80.00	Active	Percent	Purchase
85576	Platelet, aggregation (in vitro), each agent	80.00	Active	Percent	Purchase
85597	Platelet neutralization	80.00	Active	Percent	Purchase
85610	Prothrombin time;	80.00	Active	Percent	Purchase
85611	Prothrombin time; substitution, plasma fractions, each	80.00	Active	Percent	Purchase
85612	Russell viper venom time (includes venom); undiluted	80.00	Active	Percent	Purchase
85613	Russell viper venom time (includes venom); diluted	80.00	Active	Percent	Purchase
85635	Reptilase test	80.00	Active	Percent	Purchase
85651	Sedimentation rate, erythrocyte; non-automated	80.00	Active	Percent	Purchase
85652	Sedimentation rate, erythrocyte; automated	80.00	Active	Percent	Purchase
85660	Sickling of RBC, reduction	80.00	Active	Percent	Purchase
85670	Thrombin time; plasma	80.00	Active	Percent	Purchase
85675	Thrombin time; titer	80.00	Active	Percent	Purchase
85705	Thromboplastin inhibition, tissue	80.00	Active	Percent	Purchase
85730	Thromboplastin time, partial (PTT); plasma or whole blood	80.00	Active	Percent	Purchase
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	80.00	Active	Percent	Purchase
85810	Viscosity	80.00	Active	Percent	Purchase
85999	Unlisted hematology and coagulation procedure	80.00	Active	Percent	Purchase
86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	80.00	Active	Percent	Purchase

86001	Allergen specific IgG quantitative or semiquantitative, each allergen	80.00	Active	Percent	Purchase
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen	80.00	Active	Percent	Purchase
86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)	80.00	Active	Percent	Purchase
86021	Antibody identification; leukocyte antibodies	80.00	Active	Percent	Purchase
86022	Antibody identification; platelet antibodies	80.00	Active	Percent	Purchase
86023	Antibody identification; platelet associated immunoglobulin assay	80.00	Active	Percent	Purchase
86038	Antinuclear antibodies (ANA);	80.00	Active	Percent	Purchase
86039	Antinuclear antibodies (ANA); titer	80.00	Active	Percent	Purchase
86060	Antistreptolysin O; titer	80.00	Active	Percent	Purchase
86063	Antistreptolysin O; screen	80.00	Active	Percent	Purchase
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	80.00	Active	Percent	Purchase
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	80.00	Active	Percent	Purchase
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	80.00	Active	Percent	Purchase
86140	C-reactive protein;	80.00	Active	Percent	Purchase
86141	C-reactive protein; high sensitivity (hsCRP)	80.00	Active	Percent	Purchase
86146	Beta 2 Glycoprotein I antibody, each	80.00	Active	Percent	Purchase
86147	Cardiolipin (phospholipid) antibody, each Ig class	80.00	Active	Percent	Purchase
86148	Anti-phosphatidylserine (phospholipid) antibody	80.00	Active	Percent	Purchase
86155	Chemotaxis assay, specify method	80.00	Active	Percent	Purchase
86156	Cold agglutinin; screen	80.00	Active	Percent	Purchase
86157	Cold agglutinin; titer	80.00	Active	Percent	Purchase
86160	Complement; antigen, each component	80.00	Active	Percent	Purchase
86161	Complement; functional activity, each component	80.00	Active	Percent	Purchase
86162	Complement; total hemolytic (CH50)	80.00	Active	Percent	Purchase
86171	Complement fixation tests, each antigen	80.00	Active	Percent	Purchase
86185	Counterimmunoelectrophoresis, each antigen	80.00	Active	Percent	Purchase
86200	Cyclic citrullinated peptide (CCP), antibody	80.00	Active	Percent	Purchase
86215	Deoxyribonuclease, antibody	80.00	Active	Percent	Purchase
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	80.00	Active	Percent	Purchase
86226	Deoxyribonucleic acid (DNA) antibody; single stranded	80.00	Active	Percent	Purchase
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	80.00	Active	Percent	Purchase
86243	Fc receptor	80.00	Active	Percent	Purchase
86255	Fluorescent noninfectious agent antibody; screen, each antibody	80.00	Active	Percent	Purchase
86255	Fluorescent noninfectious agent antibody; screen, each antibody	80.00	Active	Percent	Purchase
86256	Fluorescent noninfectious agent antibody; titer, each antibody	80.00	Active	Percent	Purchase
86256	Fluorescent noninfectious agent antibody; titer, each antibody	80.00	Active	Percent	Purchase
86277	Growth hormone, human (HGH), antibody	80.00	Active	Percent	Purchase
86280	Hemagglutination inhibition test (HAI)	80.00	Active	Percent	Purchase

86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	80.00	Active	Percent	Purchase
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	80.00	Active	Percent	Purchase
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	80.00	Active	Percent	Purchase
86304	Immunoassay for tumor antigen, quantitative; CA 125	80.00	Active	Percent	Purchase
86308	Heterophile antibodies; screening	80.00	Active	Percent	Purchase
86309	Heterophile antibodies; titer	80.00	Active	Percent	Purchase
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	80.00	Active	Percent	Purchase
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	80.00	Active	Percent	Purchase
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	80.00	Active	Percent	Purchase
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	80.00	Active	Percent	Purchase
86320	Immunoelectrophoresis; serum	80.00	Active	Percent	Purchase
86320	Immunoelectrophoresis; serum	80.00	Active	Percent	Purchase
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	80.00	Active	Percent	Purchase
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	80.00	Active	Percent	Purchase
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	80.00	Active	Percent	Purchase
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	80.00	Active	Percent	Purchase
86329	Immunodiffusion; not elsewhere specified	80.00	Active	Percent	Purchase
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	80.00	Active	Percent	Purchase
86332	Immune complex assay	80.00	Active	Percent	Purchase
86334	Immunofixation electrophoresis; serum	80.00	Active	Percent	Purchase
86334	Immunofixation electrophoresis; serum	80.00	Active	Percent	Purchase
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	80.00	Active	Percent	Purchase
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	80.00	Active	Percent	Purchase
86336	Inhibin A	80.00	Active	Percent	Purchase
86337	Insulin antibodies	80.00	Active	Percent	Purchase
86340	Intrinsic factor antibodies	80.00	Active	Percent	Purchase
86341	Islet cell antibody	80.00	Active	Percent	Purchase
86343	Leukocyte histamine release test (LHR)	80.00	Active	Percent	Purchase
86344	Leukocyte phagocytosis	80.00	Active	Percent	Purchase
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	80.00	Active	Percent	Purchase
86355	B cells, total count	80.00	Active	Percent	Purchase
86357	Natural killer (NK) cells, total count	80.00	Active	Percent	Purchase
86359	T cells; total count	80.00	Active	Percent	Purchase
86360	T cells; absolute CD4 and CD8 count, including ratio	80.00	Active	Percent	Purchase
86361	T cells; absolute CD4 count	80.00	Active	Percent	Purchase
86367	Stem cells (ie, CD34), total count	80.00	Active	Percent	Purchase
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	80.00	Active	Percent	Purchase
86378	Migration inhibitory factor test (MIF)	80.00	Active	Percent	Purchase
86382	Neutralization test, viral	80.00	Active	Percent	Purchase
86384	Nitroblue tetrazolium dye test (NTD)	80.00	Active	Percent	Purchase
86403	Particle agglutination; screen, each antibody	80.00	Active	Percent	Purchase
86406	Particle agglutination; titer, each antibody	80.00	Active	Percent	Purchase
86430	Rheumatoid factor; qualitative	80.00	Active	Percent	Purchase

86431	Rheumatoid factor; quantitative	80.00	Active	Percent	Purchase
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	80.00	Active	Percent	Purchase
86485	Skin test; candida	80.00	Active	Percent	Purchase
86490	Skin test; coccidioidomycosis	80.00	Active	Percent	Purchase
86510	Skin test; histoplasmosis	80.00	Active	Percent	Purchase
86580	Skin test; tuberculosis, intradermal	80.00	Active	Percent	Purchase
86586	Unlisted antigen, each	80.00	Active	Percent	Purchase
86590	Streptokinase, antibody	80.00	Active	Percent	Purchase
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	80.00	Active	Percent	Purchase
86593	Syphilis test; quantitative	80.00	Active	Percent	Purchase
86602	Antibody; actinomyces	80.00	Active	Percent	Purchase
86603	Antibody; adenovirus	80.00	Active	Percent	Purchase
86606	Antibody; Aspergillus	80.00	Active	Percent	Purchase
86609	Antibody; bacterium, not elsewhere specified	80.00	Active	Percent	Purchase
86611	Antibody; Bartonella	80.00	Active	Percent	Purchase
86612	Antibody; Blastomyces	80.00	Active	Percent	Purchase
86615	Antibody; Bordetella	80.00	Active	Percent	Purchase
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	80.00	Active	Percent	Purchase
86618	Antibody; Borrelia burgdorferi (Lyme disease)	80.00	Active	Percent	Purchase
86619	Antibody; Borrelia (relapsing fever)	80.00	Active	Percent	Purchase
86622	Antibody; Brucella	80.00	Active	Percent	Purchase
86625	Antibody; Campylobacter	80.00	Active	Percent	Purchase
86628	Antibody; Candida	80.00	Active	Percent	Purchase
86631	Antibody; Chlamydia	80.00	Active	Percent	Purchase
86632	Antibody; Chlamydia, IgM	80.00	Active	Percent	Purchase
86635	Antibody; Coccidioides	80.00	Active	Percent	Purchase
86638	Antibody; Coxiella burnetii (Q fever)	80.00	Active	Percent	Purchase
86641	Antibody; Cryptococcus	80.00	Active	Percent	Purchase
86644	Antibody; cytomegalovirus (CMV)	80.00	Active	Percent	Purchase
86645	Antibody; cytomegalovirus (CMV), IgM	80.00	Active	Percent	Purchase
86648	Antibody; Diphtheria	80.00	Active	Percent	Purchase
86651	Antibody; encephalitis, California (La Crosse)	80.00	Active	Percent	Purchase
86652	Antibody; encephalitis, Eastern equine	80.00	Active	Percent	Purchase
86653	Antibody; encephalitis, St. Louis	80.00	Active	Percent	Purchase
86654	Antibody; encephalitis, Western equine	80.00	Active	Percent	Purchase
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	80.00	Active	Percent	Purchase
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	80.00	Active	Percent	Purchase
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	80.00	Active	Percent	Purchase
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	80.00	Active	Percent	Purchase
86666	Antibody; Ehrlichia	80.00	Active	Percent	Purchase
86668	Antibody; Francisella tularensis	80.00	Active	Percent	Purchase
86671	Antibody; fungus, not elsewhere specified	80.00	Active	Percent	Purchase
86674	Antibody; Giardia lamblia	80.00	Active	Percent	Purchase
86677	Antibody; Helicobacter pylori	80.00	Active	Percent	Purchase
86682	Antibody; helminth, not elsewhere specified	80.00	Active	Percent	Purchase
86684	Antibody; Haemophilus influenza	80.00	Active	Percent	Purchase
86687	Antibody; HTLV-I	80.00	Active	Percent	Purchase
86688	Antibody; HTLV-II	80.00	Active	Percent	Purchase

86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	80.00	Active	Percent	Purchase
86692	Antibody; hepatitis, delta agent	80.00	Active	Percent	Purchase
86694	Antibody; herpes simplex, non-specific type test	80.00	Active	Percent	Purchase
86695	Antibody; herpes simplex, type 1	80.00	Active	Percent	Purchase
86696	Antibody; herpes simplex, type 2	80.00	Active	Percent	Purchase
86698	Antibody; histoplasma	80.00	Active	Percent	Purchase
86701	Antibody; HIV-1	80.00	Active	Percent	Purchase
86702	Antibody; HIV-2	80.00	Active	Percent	Purchase
86703	Antibody; HIV-1 and HIV-2, single assay	80.00	Active	Percent	Purchase
86704	Hepatitis B core antibody (HBcAb); total	80.00	Active	Percent	Purchase
86705	Hepatitis B core antibody (HBcAb); IgM antibody	80.00	Active	Percent	Purchase
86706	Hepatitis B surface antibody (HBsAb)	80.00	Active	Percent	Purchase
86707	Hepatitis Be antibody (HBeAb)	80.00	Active	Percent	Purchase
86708	Hepatitis A antibody (HAAb); total	80.00	Active	Percent	Purchase
86709	Hepatitis A antibody (HAAb); IgM antibody	80.00	Active	Percent	Purchase
86710	Antibody; influenza virus	80.00	Active	Percent	Purchase
86713	Antibody; Legionella	80.00	Active	Percent	Purchase
86717	Antibody; Leishmania	80.00	Active	Percent	Purchase
86720	Antibody; Leptospira	80.00	Active	Percent	Purchase
86723	Antibody; Listeria monocytogenes	80.00	Active	Percent	Purchase
86727	Antibody; lymphocytic choriomeningitis	80.00	Active	Percent	Purchase
86729	Antibody; lymphogranuloma venereum	80.00	Active	Percent	Purchase
86732	Antibody; mucormycosis	80.00	Active	Percent	Purchase
86735	Antibody; mumps	80.00	Active	Percent	Purchase
86738	Antibody; mycoplasma	80.00	Active	Percent	Purchase
86741	Antibody; Neisseria meningitidis	80.00	Active	Percent	Purchase
86744	Antibody; Nocardia	80.00	Active	Percent	Purchase
86747	Antibody; parvovirus	80.00	Active	Percent	Purchase
86750	Antibody; Plasmodium (malaria)	80.00	Active	Percent	Purchase
86753	Antibody; protozoa, not elsewhere specified	80.00	Active	Percent	Purchase
86756	Antibody; respiratory syncytial virus	80.00	Active	Percent	Purchase
86757	Antibody; Rickettsia	80.00	Active	Percent	Purchase
86759	Antibody; rotavirus	80.00	Active	Percent	Purchase
86762	Antibody; rubella	80.00	Active	Percent	Purchase
86765	Antibody; rubeola	80.00	Active	Percent	Purchase
86768	Antibody; Salmonella	80.00	Active	Percent	Purchase
86771	Antibody; Shigella	80.00	Active	Percent	Purchase
86774	Antibody; tetanus	80.00	Active	Percent	Purchase
86777	Antibody; Toxoplasma	80.00	Active	Percent	Purchase
86778	Antibody; Toxoplasma, IgM	80.00	Active	Percent	Purchase
86781	Antibody; Treponema pallidum, confirmatory test (eg, FTA-abs)	80.00	Active	Percent	Purchase
86784	Antibody; Trichinella	80.00	Active	Percent	Purchase
86787	Antibody; varicella-zoster	80.00	Active	Percent	Purchase
86790	Antibody; virus, not elsewhere specified	80.00	Active	Percent	Purchase
86793	Antibody; Yersinia	80.00	Active	Percent	Purchase
86800	Thyroglobulin antibody	80.00	Active	Percent	Purchase
86803	Hepatitis C antibody;	80.00	Active	Percent	Purchase
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	80.00	Active	Percent	Purchase
86805	Lymphocytotoxicity assay, visual crossmatch; with titration	80.00	Active	Percent	Purchase

86806	Lymphocytotoxicity assay, visual crossmatch; without titration	80.00	Active	Percent	Purchase
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	80.00	Active	Percent	Purchase
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	80.00	Active	Percent	Purchase
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	80.00	Active	Percent	Purchase
86813	HLA typing; A, B, or C, multiple antigens	80.00	Active	Percent	Purchase
86816	HLA typing; DR/DQ, single antigen	80.00	Active	Percent	Purchase
86817	HLA typing; DR/DQ, multiple antigens	80.00	Active	Percent	Purchase
86821	HLA typing; lymphocyte culture, mixed (MLC)	80.00	Active	Percent	Purchase
86822	HLA typing; lymphocyte culture, primed (PLC)	80.00	Active	Percent	Purchase
86849	Unlisted immunology procedure	80.00	Active	Percent	Purchase
86850	Antibody screen, RBC, each serum technique	80.00	Active	Percent	Purchase
86860	Antibody elution (RBC), each elution	80.00	Active	Percent	Purchase
86870	Antibody identification, RBC antibodies, each panel for each serum technique	80.00	Active	Percent	Purchase
86880	Antihuman globulin test (Coombs test); direct, each antiserum	80.00	Active	Percent	Purchase
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each antiserum	80.00	Active	Percent	Purchase
86886	Antihuman globulin test (Coombs test); indirect, titer, each antiserum	80.00	Active	Percent	Purchase
86890	Autologous blood or component, collection processing and storage; predeposited	80.00	Active	Percent	Purchase
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	80.00	Active	Percent	Purchase
86900	Blood typing; ABO	80.00	Active	Percent	Purchase
86901	Blood typing; Rh (D)	80.00	Active	Percent	Purchase
86903	Blood typing; antigen screening for compatible blood unit using reagent serum, per unit screened	80.00	Active	Percent	Purchase
86904	Blood typing; antigen screening for compatible unit using patient serum, per unit screened	80.00	Active	Percent	Purchase
86905	Blood typing; RBC antigens, other than ABO or Rh (D), each	80.00	Active	Percent	Purchase
86906	Blood typing; Rh phenotyping, complete	80.00	Active	Percent	Purchase
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	80.00	Active	Percent	Purchase
86911	Blood typing, for paternity testing, per individual; each additional antigen system	80.00	Active	Percent	Purchase
86920	Compatibility test each unit; immediate spin technique	80.00	Active	Percent	Purchase
86921	Compatibility test each unit; incubation technique	80.00	Active	Percent	Purchase
86922	Compatibility test each unit; antiglobulin technique	80.00	Active	Percent	Purchase
86923	Compatibility test each unit; electronic	80.00	Active	Percent	Purchase
86927	Fresh frozen plasma, thawing, each unit	80.00	Active	Percent	Purchase
86930	Frozen blood, each unit; freezing (includes preparation)	80.00	Active	Percent	Purchase
86931	Frozen blood, each unit; thawing	80.00	Active	Percent	Purchase
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	80.00	Active	Percent	Purchase
86940	Hemolysins and agglutinins; auto, screen, each	80.00	Active	Percent	Purchase
86941	Hemolysins and agglutinins; incubated	80.00	Active	Percent	Purchase
86945	Irradiation of blood product, each unit	80.00	Active	Percent	Purchase
86950	Leukocyte transfusion	80.00	Active	Percent	Purchase
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	80.00	Active	Percent	Purchase
86965	Pooling of platelets or other blood products	80.00	Active	Percent	Purchase

86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	80.00	Active	Percent	Purchase
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	80.00	Active	Percent	Purchase
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	80.00	Active	Percent	Purchase
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	80.00	Active	Percent	Purchase
86976	Pretreatment of serum for use in RBC antibody identification; by dilution	80.00	Active	Percent	Purchase
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	80.00	Active	Percent	Purchase
86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	80.00	Active	Percent	Purchase
86985	Splitting of blood or blood products, each unit	80.00	Active	Percent	Purchase
86999	Unlisted transfusion medicine procedure	80.00	Active	Percent	Purchase
87001	Animal inoculation, small animal; with observation	80.00	Active	Percent	Purchase
87003	Animal inoculation, small animal; with observation and dissection	80.00	Active	Percent	Purchase
87015	Concentration (any type), for infectious agents	80.00	Active	Percent	Purchase
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	80.00	Active	Percent	Purchase
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	80.00	Active	Percent	Purchase
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	80.00	Active	Percent	Purchase
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	80.00	Active	Percent	Purchase
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	80.00	Active	Percent	Purchase
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	80.00	Active	Percent	Purchase
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	80.00	Active	Percent	Purchase
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	80.00	Active	Percent	Purchase
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	80.00	Active	Percent	Purchase
87081	Culture, presumptive, pathogenic organisms, screening only;	80.00	Active	Percent	Purchase
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	80.00	Active	Percent	Purchase
87086	Culture, bacterial; quantitative colony count, urine	80.00	Active	Percent	Purchase
87088	Culture, bacterial; with isolation and presumptive identification of isolates, urine	80.00	Active	Percent	Purchase
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	80.00	Active	Percent	Purchase
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	80.00	Active	Percent	Purchase

87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	80.00	Active	Percent	Purchase
87106	Culture, fungi, definitive identification, each organism; yeast	80.00	Active	Percent	Purchase
87107	Culture, fungi, definitive identification, each organism; mold	80.00	Active	Percent	Purchase
87109	Culture, mycoplasma, any source	80.00	Active	Percent	Purchase
87110	Culture, chlamydia, any source	80.00	Active	Percent	Purchase
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	80.00	Active	Percent	Purchase
87118	Culture, mycobacterial, definitive identification, each isolate	80.00	Active	Percent	Purchase
87140	Culture, typing; immunofluorescent method, each antiserum	80.00	Active	Percent	Purchase
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	80.00	Active	Percent	Purchase
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	80.00	Active	Percent	Purchase
87149	Culture, typing; identification by nucleic acid probe	80.00	Active	Percent	Purchase
87152	Culture, typing; identification by pulse field gel typing	80.00	Active	Percent	Purchase
87158	Culture, typing; other methods	80.00	Active	Percent	Purchase
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	80.00	Active	Percent	Purchase
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	80.00	Active	Percent	Purchase
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	80.00	Active	Percent	Purchase
87168	Macroscopic examination; arthropod	80.00	Active	Percent	Purchase
87169	Macroscopic examination; parasite	80.00	Active	Percent	Purchase
87172	Pinworm exam (eg, cellophane tape prep)	80.00	Active	Percent	Purchase
87176	Homogenization, tissue, for culture	80.00	Active	Percent	Purchase
87177	Ova and parasites, direct smears, concentration and identification	80.00	Active	Percent	Purchase
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	80.00	Active	Percent	Purchase
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	80.00	Active	Percent	Purchase
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	80.00	Active	Percent	Purchase
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate	80.00	Active	Percent	Purchase
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	80.00	Active	Percent	Purchase
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	80.00	Active	Percent	Purchase
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	80.00	Active	Percent	Purchase
87197	Serum bactericidal titer (Schlichter test)	80.00	Active	Percent	Purchase
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	80.00	Active	Percent	Purchase
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	80.00	Active	Percent	Purchase

87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	80.00	Active	Percent	Purchase
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	80.00	Active	Percent	Purchase
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	80.00	Active	Percent	Purchase
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	80.00	Active	Percent	Purchase
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	80.00	Active	Percent	Purchase
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	80.00	Active	Percent	Purchase
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	80.00	Active	Percent	Purchase
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	80.00	Active	Percent	Purchase
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	80.00	Active	Percent	Purchase
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	80.00	Active	Percent	Purchase
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	80.00	Active	Percent	Purchase
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	80.00	Active	Percent	Purchase
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	80.00	Active	Percent	Purchase
87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	80.00	Active	Percent	Purchase
87269	Infectious agent antigen detection by immunofluorescent technique; giardia	80.00	Active	Percent	Purchase
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	80.00	Active	Percent	Purchase
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	80.00	Active	Percent	Purchase
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	80.00	Active	Percent	Purchase
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	80.00	Active	Percent	Purchase
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	80.00	Active	Percent	Purchase
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	80.00	Active	Percent	Purchase
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	80.00	Active	Percent	Purchase
87277	Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei	80.00	Active	Percent	Purchase
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	80.00	Active	Percent	Purchase
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	80.00	Active	Percent	Purchase
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	80.00	Active	Percent	Purchase
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	80.00	Active	Percent	Purchase

87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	80.00	Active	Percent	Purchase
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	80.00	Active	Percent	Purchase
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	80.00	Active	Percent	Purchase
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	80.00	Active	Percent	Purchase
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	80.00	Active	Percent	Purchase
87301	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41	80.00	Active	Percent	Purchase
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis	80.00	Active	Percent	Purchase
87324	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Clostridium difficile toxin(s)	80.00	Active	Percent	Purchase
87327	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Cryptococcus neoformans	80.00	Active	Percent	Purchase
87328	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cryptosporidium	80.00	Active	Percent	Purchase
87329	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; giardia	80.00	Active	Percent	Purchase
87332	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cytomegalovirus	80.00	Active	Percent	Purchase
87335	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Escherichia coli 0157	80.00	Active	Percent	Purchase
87336	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Entamoeba histolytica dispar group	80.00	Active	Percent	Purchase
87337	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Entamoeba histolytica group	80.00	Active	Percent	Purchase
87338	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori, stool	80.00	Active	Percent	Purchase
87339	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori	80.00	Active	Percent	Purchase
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg)	80.00	Active	Percent	Purchase
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) neutralization	80.00	Active	Percent	Purchase
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis Be antigen (HBeAg)	80.00	Active	Percent	Purchase
87380	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis, delta agent	80.00	Active	Percent	Purchase

87385	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Histoplasma capsulatum	80.00	Active	Percent	Purchase
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1	80.00	Active	Percent	Purchase
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2	80.00	Active	Percent	Purchase
87400	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Influenza, A or B, each	80.00	Active	Percent	Purchase
87420	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus	80.00	Active	Percent	Purchase
87425	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; rotavirus	80.00	Active	Percent	Purchase
87427	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Shiga-like toxin	80.00	Active	Percent	Purchase
87430	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Streptococcus, group A	80.00	Active	Percent	Purchase
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism	80.00	Active	Percent	Purchase
87450	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; single step method, not otherwise specified, each organism	80.00	Active	Percent	Purchase
87451	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum	80.00	Active	Percent	Purchase
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique	80.00	Active	Percent	Purchase
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	80.00	Active	Percent	Purchase
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	80.00	Active	Percent	Purchase
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	80.00	Active	Percent	Purchase
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	80.00	Active	Percent	Purchase
87477	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification	80.00	Active	Percent	Purchase
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	80.00	Active	Percent	Purchase
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	80.00	Active	Percent	Purchase
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	80.00	Active	Percent	Purchase
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	80.00	Active	Percent	Purchase
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	80.00	Active	Percent	Purchase
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	80.00	Active	Percent	Purchase

87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	80.00	Active	Percent	Purchase
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	80.00	Active	Percent	Purchase
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	80.00	Active	Percent	Purchase
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	80.00	Active	Percent	Purchase
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	80.00	Active	Percent	Purchase
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	80.00	Active	Percent	Purchase
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	80.00	Active	Percent	Purchase
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	80.00	Active	Percent	Purchase
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	80.00	Active	Percent	Purchase
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	80.00	Active	Percent	Purchase
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	80.00	Active	Percent	Purchase
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	80.00	Active	Percent	Purchase
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	80.00	Active	Percent	Purchase
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique	80.00	Active	Percent	Purchase
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification	80.00	Active	Percent	Purchase
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	80.00	Active	Percent	Purchase
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	80.00	Active	Percent	Purchase
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	80.00	Active	Percent	Purchase
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	80.00	Active	Percent	Purchase
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	80.00	Active	Percent	Purchase
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	80.00	Active	Percent	Purchase
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	80.00	Active	Percent	Purchase
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	80.00	Active	Percent	Purchase
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	80.00	Active	Percent	Purchase
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	80.00	Active	Percent	Purchase
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	80.00	Active	Percent	Purchase
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	80.00	Active	Percent	Purchase
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	80.00	Active	Percent	Purchase
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	80.00	Active	Percent	Purchase
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification	80.00	Active	Percent	Purchase
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	80.00	Active	Percent	Purchase

87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	80.00	Active	Percent	Purchase
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	80.00	Active	Percent	Purchase
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	80.00	Active	Percent	Purchase
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	80.00	Active	Percent	Purchase
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	80.00	Active	Percent	Purchase
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	80.00	Active	Percent	Purchase
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	80.00	Active	Percent	Purchase
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	80.00	Active	Percent	Purchase
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	80.00	Active	Percent	Purchase
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	80.00	Active	Percent	Purchase
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	80.00	Active	Percent	Purchase
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	80.00	Active	Percent	Purchase
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	80.00	Active	Percent	Purchase
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	80.00	Active	Percent	Purchase
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	80.00	Active	Percent	Purchase
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	80.00	Active	Percent	Purchase
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	80.00	Active	Percent	Purchase
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	80.00	Active	Percent	Purchase
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	80.00	Active	Percent	Purchase
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	80.00	Active	Percent	Purchase
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	80.00	Active	Percent	Purchase
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	80.00	Active	Percent	Purchase
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	80.00	Active	Percent	Purchase
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	80.00	Active	Percent	Purchase
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	80.00	Active	Percent	Purchase
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	80.00	Active	Percent	Purchase
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	80.00	Active	Percent	Purchase
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	80.00	Active	Percent	Purchase
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	80.00	Active	Percent	Purchase
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B	80.00	Active	Percent	Purchase

87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A	80.00	Active	Percent	Purchase
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	80.00	Active	Percent	Purchase
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	80.00	Active	Percent	Purchase
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis	80.00	Active	Percent	Purchase
87850	Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	80.00	Active	Percent	Purchase
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A	80.00	Active	Percent	Purchase
87899	Infectious agent detection by immunoassay with direct optical observation; not otherwise specified	80.00	Active	Percent	Purchase
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	80.00	Active	Percent	Purchase
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease	80.00	Active	Percent	Purchase
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	80.00	Active	Percent	Purchase
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	80.00	Active	Percent	Purchase
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	80.00	Active	Percent	Purchase
87999	Unlisted microbiology procedure	80.00	Active	Percent	Purchase
88000	Necropsy (autopsy), gross examination only; without CNS	80.00	Active	Percent	Purchase
88005	Necropsy (autopsy), gross examination only; with brain	80.00	Active	Percent	Purchase
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	80.00	Active	Percent	Purchase
88012	Necropsy (autopsy), gross examination only; infant with brain	80.00	Active	Percent	Purchase
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	80.00	Active	Percent	Purchase
88016	Necropsy (autopsy), gross examination only; macerated stillborn	80.00	Active	Percent	Purchase
88020	Necropsy (autopsy), gross and microscopic; without CNS	80.00	Active	Percent	Purchase
88025	Necropsy (autopsy), gross and microscopic; with brain	80.00	Active	Percent	Purchase
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	80.00	Active	Percent	Purchase
88028	Necropsy (autopsy), gross and microscopic; infant with brain	80.00	Active	Percent	Purchase
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	80.00	Active	Percent	Purchase
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	80.00	Active	Percent	Purchase
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	80.00	Active	Percent	Purchase
88040	Necropsy (autopsy); forensic examination	80.00	Active	Percent	Purchase
88045	Necropsy (autopsy); coroner's call	80.00	Active	Percent	Purchase
88099	Unlisted necropsy (autopsy) procedure	80.00	Active	Percent	Purchase
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	80.00	Active	Percent	Purchase
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	80.00	Active	Percent	Purchase
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	80.00	Active	Percent	Purchase

88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; filter method only with interpretation	80.00	Active	Percent	Purchase
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; filter method only with interpretation	80.00	Active	Percent	Purchase
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; filter method only with interpretation	80.00	Active	Percent	Purchase
88107	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and filter preparation with interpretation	80.00	Active	Percent	Purchase
88107	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and filter preparation with interpretation	80.00	Active	Percent	Purchase
88107	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and filter preparation with interpretation	80.00	Active	Percent	Purchase
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	80.00	Active	Percent	Purchase
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	80.00	Active	Percent	Purchase
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	80.00	Active	Percent	Purchase
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	80.00	Active	Percent	Purchase
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	80.00	Active	Percent	Purchase
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	80.00	Active	Percent	Purchase
88125	Cytopathology, forensic (eg, sperm)	80.00	Active	Percent	Purchase
88125	Cytopathology, forensic (eg, sperm)	80.00	Active	Percent	Purchase
88125	Cytopathology, forensic (eg, sperm)	80.00	Active	Percent	Purchase
88130	Sex chromatin identification; Barr bodies	80.00	Active	Percent	Purchase
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	80.00	Active	Percent	Purchase
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	80.00	Active	Percent	Purchase
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	80.00	Active	Percent	Purchase
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	80.00	Active	Percent	Purchase
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	80.00	Active	Percent	Purchase
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	80.00	Active	Percent	Purchase
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	80.00	Active	Percent	Purchase
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	80.00	Active	Percent	Purchase
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	80.00	Active	Percent	Purchase
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	80.00	Active	Percent	Purchase

88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)	80.00	Active	Percent	Purchase
88160	Cytopathology, smears, any other source; screening and interpretation	80.00	Active	Percent	Purchase
88160	Cytopathology, smears, any other source; screening and interpretation	80.00	Active	Percent	Purchase
88160	Cytopathology, smears, any other source; screening and interpretation	80.00	Active	Percent	Purchase
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	80.00	Active	Percent	Purchase
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	80.00	Active	Percent	Purchase
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	80.00	Active	Percent	Purchase
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	80.00	Active	Percent	Purchase
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	80.00	Active	Percent	Purchase
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	80.00	Active	Percent	Purchase
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	80.00	Active	Percent	Purchase
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	80.00	Active	Percent	Purchase
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	80.00	Active	Percent	Purchase
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	80.00	Active	Percent	Purchase
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	80.00	Active	Percent	Purchase
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	80.00	Active	Percent	Purchase
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	80.00	Active	Percent	Purchase
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	80.00	Active	Percent	Purchase
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	80.00	Active	Percent	Purchase
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	80.00	Active	Percent	Purchase
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	80.00	Active	Percent	Purchase
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	80.00	Active	Percent	Purchase
88182	Flow cytometry, cell cycle or DNA analysis	80.00	Active	Percent	Purchase
88182	Flow cytometry, cell cycle or DNA analysis	80.00	Active	Percent	Purchase
88182	Flow cytometry, cell cycle or DNA analysis	80.00	Active	Percent	Purchase

88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	80.00	Active	Percent	Purchase
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	80.00	Active	Percent	Purchase
88187	Flow cytometry, interpretation; 2 to 8 markers	80.00	Active	Percent	Purchase
88188	Flow cytometry, interpretation; 9 to 15 markers	80.00	Active	Percent	Purchase
88189	Flow cytometry, interpretation; 16 or more markers	80.00	Active	Percent	Purchase
88199	Unlisted cytopathology procedure	80.00	Active	Percent	Purchase
88199	Unlisted cytopathology procedure	80.00	Active	Percent	Purchase
88199	Unlisted cytopathology procedure	80.00	Active	Percent	Purchase
88230	Tissue culture for non-neoplastic disorders; lymphocyte	80.00	Active	Percent	Purchase
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	80.00	Active	Percent	Purchase
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	80.00	Active	Percent	Purchase
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	80.00	Active	Percent	Purchase
88239	Tissue culture for neoplastic disorders; solid tumor	80.00	Active	Percent	Purchase
88240	Cryopreservation, freezing and storage of cells, each cell line	80.00	Active	Percent	Purchase
88241	Thawing and expansion of frozen cells, each aliquot	80.00	Active	Percent	Purchase
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	80.00	Active	Percent	Purchase
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	80.00	Active	Percent	Purchase
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	80.00	Active	Percent	Purchase
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	80.00	Active	Percent	Purchase
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	80.00	Active	Percent	Purchase
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	80.00	Active	Percent	Purchase
88264	Chromosome analysis; analyze 20-25 cells	80.00	Active	Percent	Purchase
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	80.00	Active	Percent	Purchase
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	80.00	Active	Percent	Purchase
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	80.00	Active	Percent	Purchase
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	80.00	Active	Percent	Purchase
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	80.00	Active	Percent	Purchase
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	80.00	Active	Percent	Purchase
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	80.00	Active	Percent	Purchase
88280	Chromosome analysis; additional karyotypes, each study	80.00	Active	Percent	Purchase
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	80.00	Active	Percent	Purchase
88285	Chromosome analysis; additional cells counted, each study	80.00	Active	Percent	Purchase
88289	Chromosome analysis; additional high resolution study	80.00	Active	Percent	Purchase

88291	Cytogenetics and molecular cytogenetics, interpretation and report	80.00	Active	Percent	Purchase
88299	Unlisted cytogenetic study	80.00	Active	Percent	Purchase
88300	Level I - Surgical pathology, gross examination only	80.00	Active	Percent	Purchase
88300	Level I - Surgical pathology, gross examination only	80.00	Active	Percent	Purchase
88300	Level I - Surgical pathology, gross examination only	80.00	Active	Percent	Purchase
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglion Testis, Castration Vaginal Mucosa, Incidental Vas Deferens, Sterilization	80.00	Active	Percent	Purchase
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglion Testis, Castration Vaginal Mucosa, Incidental Vas Deferens, Sterilization	80.00	Active	Percent	Purchase
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglion Testis, Castration Vaginal Mucosa, Incidental Vas Deferens, Sterilization	80.00	Active	Percent	Purchase
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other than Incidental Artery, Atheromatous Plaque Bartholin's Gland Cyst Bone Fragment(s), Other than Pathologic Fracture Bursa/Synovial Cyst Carpal Tunnel Tissue Cartilage, Shavings Cholesteatoma Colon, Colostomy Stoma Conjunctiva - Biopsy/Pterygium Cornea Diverticulum - Esophagus/Small Intestine Dupuytren's Contracture Tissue Femoral Head, Other than Fracture Fissure/Fistula Foreskin, Other than Newborn Gallbladder Ganglion Cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral Disc Joint, Loose Body Meniscus Mucocoele, Salivary Neuroma - Morton's/Traumatic Pilonidal Cyst/Sinus Polyps, Inflammatory - Nasal/Sinusoidal Skin - Cyst/Tag/Debridement Soft Tissue, Debridement Soft Tissue, Lipoma Spermatocoele Tendon/Tendon Sheath Testicular Appendage Thrombus or Embolus Tonsil and/or Adenoids Varicocoele Vas Deferens, Other than Sterilization Vein, Varicosity	80.00	Active	Percent	Purchase

88304	Level III - Surgical pathology, gross and microscopic examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other than Incidental Artery, Atheromatous Plaque Bartholin's Gland Cyst Bone Fragment(s), Other than Pathologic Fracture Bursa/Synovial Cyst Carpal Tunnel Tissue Cartilage, Shavings Cholesteatoma Colon, Colostomy Stoma Conjunctiva - Biopsy/Pterygium Cornea Diverticulum - Esophagus/Small Intestine Dupuytren's Contracture Tissue Femoral Head, Other than Fracture Fissure/Fistula Foreskin, Other than Newborn Gallbladder Ganglion Cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral Disc Joint, Loose Body Meniscus Mucocoele, Salivary Neuroma - Morton's/Traumatic Pilonidal Cyst/Sinus Polyps, Inflammatory - Nasal/Sinusoidal Skin - Cyst/Tag/Debridement Soft Tissue, Debridement Soft Tissue, Lipoma Spermatocoele Tendon/Tendon Sheath Testicular Appendage Thrombus or Embolus Tonsil and/or Adenoids Varicocele Vas Deferens, Other than Sterilization Vein, Varicosity	80.00	Active	Percent	Purchase
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other than Incidental Artery, Atheromatous Plaque Bartholin's Gland Cyst Bone Fragment(s), Other than Pathologic Fracture Bursa/Synovial Cyst Carpal Tunnel Tissue Cartilage, Shavings Cholesteatoma Colon, Colostomy Stoma Conjunctiva - Biopsy/Pterygium Cornea Diverticulum - Esophagus/Small Intestine Dupuytren's Contracture Tissue Femoral Head, Other than Fracture Fissure/Fistula Foreskin, Other than Newborn Gallbladder Ganglion Cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral Disc Joint, Loose Body Meniscus Mucocoele, Salivary Neuroma - Morton's/Traumatic Pilonidal Cyst/Sinus Polyps, Inflammatory - Nasal/Sinusoidal Skin - Cyst/Tag/Debridement Soft Tissue, Debridement Soft Tissue, Lipoma Spermatocoele Tendon/Tendon Sheath Testicular Appendage Thrombus or Embolus Tonsil and/or Adenoids Varicocele Vas Deferens, Other than Sterilization Vein, Varicosity	80.00	Active	Percent	Purchase

88305

Level IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins Breast, Reduction Mammoplasty Bronchus, Biopsy Cell Block, Any Source Cervix, Biopsy Colon, Biopsy Duodenum, Biopsy Endocervix, Curettings/Biopsy Endometrium, Curettings/Biopsy Esophagus, Biopsy Extremity, Amputation, Traumatic Fallopian Tube, Biopsy Fallopian Tube, Ectopic Pregnancy Femoral Head, Fracture Fingers/Toes, Amputation, Non-traumatic Gingiva/Oral Mucosa, Biopsy Heart Valve Joint, Resection Kidney, Biopsy Larynx, Biopsy Leiomyoma(s), Uterine Myomectomy - without Uterus Lip, Biopsy/Wedge Resection Lung, Transbronchial Biopsy Lymph Node, Biopsy Muscle, Biopsy Nasal Mucosa, Biopsy Nasopharynx/Oropharynx, Biopsy Nerve, Biopsy Odontogenic/Dental Cyst Omentum, Biopsy Ovary with or without Tube, Non-neoplastic Ovary, Biopsy/Wedge Resection Parathyroid Gland Peritoneum, Biopsy Pituitary Tumor Placenta, Other than Third Trimester Pleura/Pericardium - Biopsy/Tissue Polyp, Cervical/Endometrial Polyp, Colorectal Polyp, Stomach/Small Intestine Prostate, Needle Biopsy Prostate, TUR Salivary Gland, Biopsy Sinus, Paranasal Biopsy Skin, Other than Cyst/Tag/Debridement/Plastic Repair Small Intestine, Biopsy Soft Tissue, Other than Tumor/Mass/Lipoma/Debridement Spleen Stomach, Biopsy Synovium Testis, Other than Tumor/Biopsy/Castration Thyroglossal Duct/Brachial Cleft Cyst Tongue, Biopsy Tonsil, Biopsy Trachea, Biopsy Ureter, Biopsy Urethra, Biopsy Urinary Bladder, Biopsy Uterus, with or without Tubes and Ovaries, for Prolapse Vagina, Biopsy Vulva/Labia, Biopsy

80.00 Active

Percent

Purchase

88305

Level IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins Breast, Reduction Mammoplasty Bronchus, Biopsy Cell Block, Any Source Cervix, Biopsy Colon, Biopsy Duodenum, Biopsy Endocervix, Curettings/Biopsy Endometrium, Curettings/Biopsy Esophagus, Biopsy Extremity, Amputation, Traumatic Fallopian Tube, Biopsy Fallopian Tube, Ectopic Pregnancy Femoral Head, Fracture Fingers/Toes, Amputation, Non-traumatic Gingiva/Oral Mucosa, Biopsy Heart Valve Joint, Resection Kidney, Biopsy Larynx, Biopsy Leiomyoma(s), Uterine Myomectomy - without Uterus Lip, Biopsy/Wedge Resection Lung, Transbronchial Biopsy Lymph Node, Biopsy Muscle, Biopsy Nasal Mucosa, Biopsy Nasopharynx/Oropharynx, Biopsy Nerve, Biopsy Odontogenic/Dental Cyst Omentum, Biopsy Ovary with or without Tube, Non-neoplastic Ovary, Biopsy/Wedge Resection Parathyroid Gland Peritoneum, Biopsy Pituitary Tumor Placenta, Other than Third Trimester Pleura/Pericardium - Biopsy/Tissue Polyp, Cervical/Endometrial Polyp, Colorectal Polyp, Stomach/Small Intestine Prostate, Needle Biopsy Prostate, TUR Salivary Gland, Biopsy Sinus, Paranasal Biopsy Skin, Other than Cyst/Tag/Debridement/Plastic Repair Small Intestine, Biopsy Soft Tissue, Other than Tumor/Mass/Lipoma/Debridement Spleen Stomach, Biopsy Synovium Testis, Other than Tumor/Biopsy/Castration Thyroglossal Duct/Brachial Cleft Cyst Tongue, Biopsy Tonsil, Biopsy Trachea, Biopsy Ureter, Biopsy Urethra, Biopsy Urinary Bladder, Biopsy Uterus, with or without Tubes and Ovaries, for Prolapse Vagina, Biopsy Vulva/Labia, Biopsy

80.00 Active

Percent

Purchase

88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins Breast, Reduction Mammoplasty Bronchus, Biopsy Cell Block, Any Source Cervix, Biopsy Colon, Biopsy Duodenum, Biopsy Endocervix, Curettings/Biopsy Endometrium, Curettings/Biopsy Esophagus, Biopsy Extremity, Amputation, Traumatic Fallopian Tube, Biopsy Fallopian Tube, Ectopic Pregnancy Femoral Head, Fracture Fingers/Toes, Amputation, Non-traumatic Gingiva/Oral Mucosa, Biopsy Heart Valve Joint, Resection Kidney, Biopsy Larynx, Biopsy Leiomyoma(s), Uterine Myomectomy - without Uterus Lip, Biopsy/Wedge Resection Lung, Transbronchial Biopsy Lymph Node, Biopsy Muscle, Biopsy Nasal Mucosa, Biopsy Nasopharynx/Oropharynx, Biopsy Nerve, Biopsy Odontogenic/Dental Cyst Omentum, Biopsy Ovary with or without Tube, Non-neoplastic Ovary, Biopsy/Wedge Resection Parathyroid Gland Peritoneum, Biopsy Pituitary Tumor Placenta, Other than Third Trimester Pleura/Pericardium - Biopsy/Tissue Polyp, Cervical/Endometrial Polyp, Colorectal Polyp, Stomach/Small Intestine Prostate, Needle Biopsy Prostate, TUR Salivary Gland, Biopsy Sinus, Paranasal Biopsy Skin, Other than Cyst/Tag/Debridement/Plastic Repair Small Intestine, Biopsy Soft Tissue, Other than Tumor/Mass/Lipoma/Debridement Spleen Stomach, Biopsy Synovium Testis, Other than Tumor/Biopsy/Castration Thyroglossal Duct/Brachial Cleft Cyst Tongue, Biopsy Tonsil, Biopsy Trachea, Biopsy Ureter, Biopsy Urethra, Biopsy Urinary Bladder, Biopsy Uterus, with or without Tubes and Ovaries, for Prolapse Vagina, Biopsy Vulva/Labia, Biopsy	80.00	Active	Percent	Purchase
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, Segmental Resection, Other than for Tumor Extremity, Amputation, Non-traumatic Eye, Enucleation Kidney, Partial/Total Nephrectomy Larynx, Partial/Total Resection Liver, Biopsy - Needle/Wedge Liver, Partial Resection Lung, Wedge Biopsy Lymph Nodes, Regional Resection Mediastinum, Mass Myocardium, Biopsy Odontogenic Tumor Ovary with or without Tube, Neoplastic Pancreas, Biopsy Placenta, Third Trimester Prostate, Except Radical Resection Salivary Gland Sentinel Lymph Node Small Intestine, Resection, Other than for Tumor Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision Stomach - Subtotal/Total Resection, Other than for Tumor Testis, Biopsy Thymus, Tumor Thyroid, Total/Lobe Ureter, Resection Urinary Bladder, TUR Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse	80.00	Active	Percent	Purchase

88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, Segmental Resection, Other than for Tumor Extremity, Amputation, Non-traumatic Eye, Enucleation Kidney, Partial/Total Nephrectomy Larynx, Partial/Total Resection Liver, Biopsy - Needle/Wedge Liver, Partial Resection Lung, Wedge Biopsy Lymph Nodes, Regional Resection Mediastinum, Mass Myocardium, Biopsy Odontogenic Tumor Ovary with or without Tube, Neoplastic Pancreas, Biopsy Placenta, Third Trimester Prostate, Except Radical Resection Salivary Gland Sentinel Lymph Node Small Intestine, Resection, Other than for Tumor Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision Stomach - Subtotal/Total Resection, Other than for Tumor Testis, Biopsy Thymus, Tumor Thyroid, Total/Lobe Ureter, Resection Urinary Bladder, TUR Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse	80.00	Active	Percent	Purchase
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, Segmental Resection, Other than for Tumor Extremity, Amputation, Non-traumatic Eye, Enucleation Kidney, Partial/Total Nephrectomy Larynx, Partial/Total Resection Liver, Biopsy - Needle/Wedge Liver, Partial Resection Lung, Wedge Biopsy Lymph Nodes, Regional Resection Mediastinum, Mass Myocardium, Biopsy Odontogenic Tumor Ovary with or without Tube, Neoplastic Pancreas, Biopsy Placenta, Third Trimester Prostate, Except Radical Resection Salivary Gland Sentinel Lymph Node Small Intestine, Resection, Other than for Tumor Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision Stomach - Subtotal/Total Resection, Other than for Tumor Testis, Biopsy Thymus, Tumor Thyroid, Total/Lobe Ureter, Resection Urinary Bladder, TUR Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse	80.00	Active	Percent	Purchase
88309	Level VI - Surgical pathology, gross and microscopic examination Bone Resection Breast, Mastectomy - with Regional Lymph Nodes Colon, Segmental Resection for Tumor Colon, Total Resection Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus, with Dissection Larynx, Partial/Total Resection - with Regional Lymph Nodes Lung - Total/Lobe/Segment Resection Pancreas, Total/Subtotal Resection Prostate, Radical Resection Small Intestine, Resection for Tumor Soft Tissue Tumor, Extensive Resection Stomach - Subtotal/Total Resection for Tumor Testis, Tumor Tongue/Tonsil - Resection for Tumor Urinary Bladder, Partial/Total Resection Uterus, with or without Tubes and Ovaries, Neoplastic Vulva, Total/Subtotal Resection	80.00	Active	Percent	Purchase

88309	Level VI - Surgical pathology, gross and microscopic examination Bone Resection Breast, Mastectomy - with Regional Lymph Nodes Colon, Segmental Resection for Tumor Colon, Total Resection Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus, with Dissection Larynx, Partial/Total Resection - with Regional Lymph Nodes Lung - Total/Lobe/Segment Resection Pancreas, Total/Subtotal Resection Prostate, Radical Resection Small Intestine, Resection for Tumor Soft Tissue Tumor, Extensive Resection Stomach - Subtotal/Total Resection for Tumor Testis, Tumor Tongue/Tonsil - Resection for Tumor Urinary Bladder, Partial/Total Resection Uterus, with or without Tubes and Ovaries, Neoplastic Vulva, Total/Subtotal Resection	80.00	Active	Percent	Purchase
88309	Level VI - Surgical pathology, gross and microscopic examination Bone Resection Breast, Mastectomy - with Regional Lymph Nodes Colon, Segmental Resection for Tumor Colon, Total Resection Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus, with Dissection Larynx, Partial/Total Resection - with Regional Lymph Nodes Lung - Total/Lobe/Segment Resection Pancreas, Total/Subtotal Resection Prostate, Radical Resection Small Intestine, Resection for Tumor Soft Tissue Tumor, Extensive Resection Stomach - Subtotal/Total Resection for Tumor Testis, Tumor Tongue/Tonsil - Resection for Tumor Urinary Bladder, Partial/Total Resection Uterus, with or without Tubes and Ovaries, Neoplastic Vulva, Total/Subtotal Resection	80.00	Active	Percent	Purchase
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	80.00	Active	Percent	Purchase
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	80.00	Active	Percent	Purchase
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	80.00	Active	Percent	Purchase
88312	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each	80.00	Active	Percent	Purchase
88312	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each	80.00	Active	Percent	Purchase
88312	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each	80.00	Active	Percent	Purchase
88313	Special stains (List separately in addition to code for primary service); Group II, all other, (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each	80.00	Active	Percent	Purchase
88313	Special stains (List separately in addition to code for primary service); Group II, all other, (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each	80.00	Active	Percent	Purchase
88313	Special stains (List separately in addition to code for primary service); Group II, all other, (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each	80.00	Active	Percent	Purchase
88314	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)	80.00	Active	Percent	Purchase
88314	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)	80.00	Active	Percent	Purchase

88314	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)	80.00	Active	Percent	Purchase
88318	Determinative histochemistry to identify chemical components (eg, copper, zinc)	80.00	Active	Percent	Purchase
88318	Determinative histochemistry to identify chemical components (eg, copper, zinc)	80.00	Active	Percent	Purchase
88318	Determinative histochemistry to identify chemical components (eg, copper, zinc)	80.00	Active	Percent	Purchase
88319	Determinative histochemistry or cytochemistry to identify enzyme constituents, each	80.00	Active	Percent	Purchase
88319	Determinative histochemistry or cytochemistry to identify enzyme constituents, each	80.00	Active	Percent	Purchase
88319	Determinative histochemistry or cytochemistry to identify enzyme constituents, each	80.00	Active	Percent	Purchase
88321	Consultation and report on referred slides prepared elsewhere	80.00	Active	Percent	Purchase
88323	Consultation and report on referred material requiring preparation of slides	80.00	Active	Percent	Purchase
88323	Consultation and report on referred material requiring preparation of slides	80.00	Active	Percent	Purchase
88323	Consultation and report on referred material requiring preparation of slides	80.00	Active	Percent	Purchase
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	80.00	Active	Percent	Purchase
88329	Pathology consultation during surgery;	80.00	Active	Percent	Purchase
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	80.00	Active	Percent	Purchase
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	80.00	Active	Percent	Purchase
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	80.00	Active	Percent	Purchase
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	80.00	Active	Percent	Purchase
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	80.00	Active	Percent	Purchase
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	80.00	Active	Percent	Purchase
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	80.00	Active	Percent	Purchase
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	80.00	Active	Percent	Purchase
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	80.00	Active	Percent	Purchase
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site	80.00	Active	Percent	Purchase
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site	80.00	Active	Percent	Purchase
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site	80.00	Active	Percent	Purchase
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	80.00	Active	Percent	Purchase
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	80.00	Active	Percent	Purchase
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	80.00	Active	Percent	Purchase
88346	Immunofluorescent study, each antibody; direct method	80.00	Active	Percent	Purchase
88346	Immunofluorescent study, each antibody; direct method	80.00	Active	Percent	Purchase
88346	Immunofluorescent study, each antibody; direct method	80.00	Active	Percent	Purchase

88347	Immunofluorescent study, each antibody; indirect method	80.00	Active	Percent	Purchase
88347	Immunofluorescent study, each antibody; indirect method	80.00	Active	Percent	Purchase
88347	Immunofluorescent study, each antibody; indirect method	80.00	Active	Percent	Purchase
88348	Electron microscopy; diagnostic	80.00	Active	Percent	Purchase
88348	Electron microscopy; diagnostic	80.00	Active	Percent	Purchase
88348	Electron microscopy; diagnostic	80.00	Active	Percent	Purchase
88349	Electron microscopy; scanning	80.00	Active	Percent	Purchase
88349	Electron microscopy; scanning	80.00	Active	Percent	Purchase
88349	Electron microscopy; scanning	80.00	Active	Percent	Purchase
88355	Morphometric analysis; skeletal muscle	80.00	Active	Percent	Purchase
88355	Morphometric analysis; skeletal muscle	80.00	Active	Percent	Purchase
88355	Morphometric analysis; skeletal muscle	80.00	Active	Percent	Purchase
88356	Morphometric analysis; nerve	80.00	Active	Percent	Purchase
88356	Morphometric analysis; nerve	80.00	Active	Percent	Purchase
88356	Morphometric analysis; nerve	80.00	Active	Percent	Purchase
88358	Morphometric analysis; tumor (eg, DNA ploidy)	80.00	Active	Percent	Purchase
88358	Morphometric analysis; tumor (eg, DNA ploidy)	80.00	Active	Percent	Purchase
88358	Morphometric analysis; tumor (eg, DNA ploidy)	80.00	Active	Percent	Purchase
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	80.00	Active	Percent	Purchase
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	80.00	Active	Percent	Purchase
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	80.00	Active	Percent	Purchase
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	80.00	Active	Percent	Purchase
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	80.00	Active	Percent	Purchase
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	80.00	Active	Percent	Purchase
88362	Nerve teasing preparations	80.00	Active	Percent	Purchase
88362	Nerve teasing preparations	80.00	Active	Percent	Purchase
88362	Nerve teasing preparations	80.00	Active	Percent	Purchase
88365	In situ hybridization (eg, FISH), each probe	80.00	Active	Percent	Purchase
88365	In situ hybridization (eg, FISH), each probe	80.00	Active	Percent	Purchase
88365	In situ hybridization (eg, FISH), each probe	80.00	Active	Percent	Purchase
88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology	80.00	Active	Percent	Purchase
88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology	80.00	Active	Percent	Purchase

88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology	80.00	Active	Percent	Purchase
88368	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual	80.00	Active	Percent	Purchase
88368	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual	80.00	Active	Percent	Purchase
88368	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual	80.00	Active	Percent	Purchase
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	80.00	Active	Percent	Purchase
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	80.00	Active	Percent	Purchase
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	80.00	Active	Percent	Purchase
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	80.00	Active	Percent	Purchase
88380	Microdissection (eg, mechanical, laser capture)	80.00	Active	Percent	Purchase
88380	Microdissection (eg, mechanical, laser capture)	80.00	Active	Percent	Purchase
88380	Microdissection (eg, mechanical, laser capture)	80.00	Active	Percent	Purchase
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	80.00	Active	Percent	Purchase
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	80.00	Active	Percent	Purchase
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	80.00	Active	Percent	Purchase
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	80.00	Active	Percent	Purchase
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	80.00	Active	Percent	Purchase
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	80.00	Active	Percent	Purchase
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	80.00	Active	Percent	Purchase
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	80.00	Active	Percent	Purchase
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	80.00	Active	Percent	Purchase
88399	Unlisted surgical pathology procedure	80.00	Active	Percent	Purchase
88399	Unlisted surgical pathology procedure	80.00	Active	Percent	Purchase
88399	Unlisted surgical pathology procedure	80.00	Active	Percent	Purchase
88400	Bilirubin, total, transcutaneous	80.00	Active	Percent	Purchase
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	80.00	Active	Percent	Purchase
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	80.00	Active	Percent	Purchase
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	80.00	Active	Percent	Purchase
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	80.00	Active	Percent	Purchase
89060	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)	80.00	Active	Percent	Purchase
89060	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)	80.00	Active	Percent	Purchase
89100	Duodenal intubation and aspiration; single specimen (eg, simple bile study or afferent loop culture) plus appropriate test procedure	80.00	Active	Percent	Purchase

89105	Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube	80.00	Active	Percent	Purchase
89125	Fat stain, feces, urine, or respiratory secretions	80.00	Active	Percent	Purchase
89130	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology;	80.00	Active	Percent	Purchase
89132	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; after stimulation	80.00	Active	Percent	Purchase
89135	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); one hour	80.00	Active	Percent	Purchase
89136	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); two hours	80.00	Active	Percent	Purchase
89140	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); two hours including gastric stimulation (eg, histalog, pentagastrin)	80.00	Active	Percent	Purchase
89141	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); three hours, including gastric stimulation	80.00	Active	Percent	Purchase
89160	Meat fibers, feces	80.00	Active	Percent	Purchase
89190	Nasal smear for eosinophils	80.00	Active	Percent	Purchase
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	80.00	Active	Percent	Purchase
89225	Starch granules, feces	80.00	Active	Percent	Purchase
89230	Sweat collection by iontophoresis	80.00	Active	Percent	Purchase
89235	Water load test	80.00	Active	Percent	Purchase
89240	Unlisted miscellaneous pathology test	80.00	Active	Percent	Purchase
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	80.00	Active	Percent	Purchase
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	80.00	Active	Percent	Purchase
89253	Assisted embryo hatching, microtechniques (any method)	80.00	Active	Percent	Purchase
89254	Oocyte identification from follicular fluid	80.00	Active	Percent	Purchase
89255	Preparation of embryo for transfer (any method)	80.00	Active	Percent	Purchase
89257	Sperm identification from aspiration (other than seminal fluid)	80.00	Active	Percent	Purchase
89258	Cryopreservation; embryo(s)	80.00	Active	Percent	Purchase
89259	Cryopreservation; sperm	80.00	Active	Percent	Purchase
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	80.00	Active	Percent	Purchase
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	80.00	Active	Percent	Purchase
89264	Sperm identification from testis tissue, fresh or cryopreserved	80.00	Active	Percent	Purchase
89268	Insemination of oocytes	80.00	Active	Percent	Purchase
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	80.00	Active	Percent	Purchase
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	80.00	Active	Percent	Purchase
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	80.00	Active	Percent	Purchase
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	80.00	Active	Percent	Purchase
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	80.00	Active	Percent	Purchase

89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	80.00	Active	Percent	Purchase
89310	Semen analysis; motility and count (not including Huhner test)	80.00	Active	Percent	Purchase
89320	Semen analysis; complete (volume, count, motility, and differential)	80.00	Active	Percent	Purchase
89321	Semen analysis, presence and/or motility of sperm	80.00	Active	Percent	Purchase
89325	Sperm antibodies	80.00	Active	Percent	Purchase
89329	Sperm evaluation; hamster penetration test	80.00	Active	Percent	Purchase
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	80.00	Active	Percent	Purchase
89335	Cryopreservation, reproductive tissue, testicular	80.00	Active	Percent	Purchase
89342	Storage, (per year); embryo(s)	80.00	Active	Percent	Purchase
89343	Storage, (per year); sperm/semen	80.00	Active	Percent	Purchase
89344	Storage, (per year); reproductive tissue, testicular/ovarian	80.00	Active	Percent	Purchase
89346	Storage, (per year); oocyte(s)	80.00	Active	Percent	Purchase
89352	Thawing of cryopreserved; embryo(s)	80.00	Active	Percent	Purchase
89353	Thawing of cryopreserved; sperm/semen, each aliquot	80.00	Active	Percent	Purchase
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	80.00	Active	Percent	Purchase
89356	Thawing of cryopreserved; oocytes, each aliquot	80.00	Active	Percent	Purchase

Radiology

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
70010	Myelography, posterior fossa, radiological supervision and interpretation	261.90	Active	Fixed/Per Unit	Purchase
70010	Myelography, posterior fossa, radiological supervision and interpretation	72.68	Active	Fixed/Per Unit	Purchase
70010	Myelography, posterior fossa, radiological supervision and interpretation	189.22	Active	Fixed/Per Unit	Purchase
70015	Cisternography, positive contrast, radiological supervision and interpretation	138.88	Active	Fixed/Per Unit	Purchase
70015	Cisternography, positive contrast, radiological supervision and interpretation	77.98	Active	Fixed/Per Unit	Purchase
70015	Cisternography, positive contrast, radiological supervision and interpretation	60.90	Active	Fixed/Per Unit	Purchase
70030	Radiologic examination, eye, for detection of foreign body	29.11	Active	Fixed/Per Unit	Purchase
70030	Radiologic examination, eye, for detection of foreign body	11.03	Active	Fixed/Per Unit	Purchase
70030	Radiologic examination, eye, for detection of foreign body	18.08	Active	Fixed/Per Unit	Purchase
70100	Radiologic examination, mandible; partial, less than four views	32.99	Active	Fixed/Per Unit	Purchase
70100	Radiologic examination, mandible; partial, less than four views	11.45	Active	Fixed/Per Unit	Purchase
70100	Radiologic examination, mandible; partial, less than four views	21.54	Active	Fixed/Per Unit	Purchase
70110	Radiologic examination, mandible; complete, minimum of four views	43.65	Active	Fixed/Per Unit	Purchase
70110	Radiologic examination, mandible; complete, minimum of four views	15.11	Active	Fixed/Per Unit	Purchase
70110	Radiologic examination, mandible; complete, minimum of four views	28.54	Active	Fixed/Per Unit	Purchase
70120	Radiologic examination, mastoids; less than three views per side	39.99	Active	Fixed/Per Unit	Purchase
70120	Radiologic examination, mastoids; less than three views per side	11.45	Active	Fixed/Per Unit	Purchase

70120	Radiologic examination, mastoids; less than three views per side	28.54	Active	Fixed/Per Unit	Purchase
70130	Radiologic examination, mastoids; complete, minimum of three views per side	57.57	Active	Fixed/Per Unit	Purchase
70130	Radiologic examination, mastoids; complete, minimum of three views per side	21.72	Active	Fixed/Per Unit	Purchase
70130	Radiologic examination, mastoids; complete, minimum of three views per side	35.85	Active	Fixed/Per Unit	Purchase
70134	Radiologic examination, internal auditory meati, complete	55.84	Active	Fixed/Per Unit	Purchase
70134	Radiologic examination, internal auditory meati, complete	21.72	Active	Fixed/Per Unit	Purchase
70134	Radiologic examination, internal auditory meati, complete	34.12	Active	Fixed/Per Unit	Purchase
70140	Radiologic examination, facial bones; less than three views	40.42	Active	Fixed/Per Unit	Purchase
70140	Radiologic examination, facial bones; less than three views	11.88	Active	Fixed/Per Unit	Purchase
70140	Radiologic examination, facial bones; less than three views	28.54	Active	Fixed/Per Unit	Purchase
70150	Radiologic examination, facial bones; complete, minimum of three views	51.38	Active	Fixed/Per Unit	Purchase
70150	Radiologic examination, facial bones; complete, minimum of three views	15.53	Active	Fixed/Per Unit	Purchase
70150	Radiologic examination, facial bones; complete, minimum of three views	35.85	Active	Fixed/Per Unit	Purchase
70160	Radiologic examination, nasal bones, complete, minimum of three views	32.57	Active	Fixed/Per Unit	Purchase
70160	Radiologic examination, nasal bones, complete, minimum of three views	11.03	Active	Fixed/Per Unit	Purchase
70160	Radiologic examination, nasal bones, complete, minimum of three views	21.54	Active	Fixed/Per Unit	Purchase
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	61.43	Active	Fixed/Per Unit	Purchase
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	17.92	Active	Fixed/Per Unit	Purchase
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	43.51	Active	Fixed/Per Unit	Purchase
70190	Radiologic examination; optic foramina	41.61	Active	Fixed/Per Unit	Purchase
70190	Radiologic examination; optic foramina	13.07	Active	Fixed/Per Unit	Purchase
70190	Radiologic examination; optic foramina	28.54	Active	Fixed/Per Unit	Purchase
70200	Radiologic examination; orbits, complete, minimum of four views	52.57	Active	Fixed/Per Unit	Purchase
70200	Radiologic examination; orbits, complete, minimum of four views	16.72	Active	Fixed/Per Unit	Purchase
70200	Radiologic examination; orbits, complete, minimum of four views	35.85	Active	Fixed/Per Unit	Purchase
70210	Radiologic examination, sinuses, paranasal, less than three views	39.57	Active	Fixed/Per Unit	Purchase
70210	Radiologic examination, sinuses, paranasal, less than three views	11.03	Active	Fixed/Per Unit	Purchase
70210	Radiologic examination, sinuses, paranasal, less than three views	28.54	Active	Fixed/Per Unit	Purchase
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views	50.96	Active	Fixed/Per Unit	Purchase
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views	15.11	Active	Fixed/Per Unit	Purchase
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views	35.85	Active	Fixed/Per Unit	Purchase
70240	Radiologic examination, sella turcica	29.96	Active	Fixed/Per Unit	Purchase
70240	Radiologic examination, sella turcica	11.88	Active	Fixed/Per Unit	Purchase
70240	Radiologic examination, sella turcica	18.08	Active	Fixed/Per Unit	Purchase
70250	Radiologic examination, skull; less than four views	43.23	Active	Fixed/Per Unit	Purchase

70250	Radiologic examination, skull; less than four views	14.69	Active	Fixed/Per Unit	Purchase
70250	Radiologic examination, skull; less than four views	28.54	Active	Fixed/Per Unit	Purchase
70260	Radiologic examination, skull; complete, minimum of four views	63.15	Active	Fixed/Per Unit	Purchase
70260	Radiologic examination, skull; complete, minimum of four views	21.72	Active	Fixed/Per Unit	Purchase
70260	Radiologic examination, skull; complete, minimum of four views	41.43	Active	Fixed/Per Unit	Purchase
70300	Radiologic examination, teeth; single view	20.26	Active	Fixed/Per Unit	Purchase
70300	Radiologic examination, teeth; single view	7.72	Active	Fixed/Per Unit	Purchase
70300	Radiologic examination, teeth; single view	12.54	Active	Fixed/Per Unit	Purchase
70310	Radiologic examination, teeth; partial examination, less than full mouth	29.38	Active	Fixed/Per Unit	Purchase
70310	Radiologic examination, teeth; partial examination, less than full mouth	11.30	Active	Fixed/Per Unit	Purchase
70310	Radiologic examination, teeth; partial examination, less than full mouth	18.08	Active	Fixed/Per Unit	Purchase
70320	Radiologic examination, teeth; complete, full mouth	49.69	Active	Fixed/Per Unit	Purchase
70320	Radiologic examination, teeth; complete, full mouth	13.84	Active	Fixed/Per Unit	Purchase
70320	Radiologic examination, teeth; complete, full mouth	35.85	Active	Fixed/Per Unit	Purchase
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	31.95	Active	Fixed/Per Unit	Purchase
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	11.45	Active	Fixed/Per Unit	Purchase
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	20.50	Active	Fixed/Per Unit	Purchase
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	52.62	Active	Fixed/Per Unit	Purchase
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	14.69	Active	Fixed/Per Unit	Purchase
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	37.93	Active	Fixed/Per Unit	Purchase
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	127.60	Active	Fixed/Per Unit	Purchase
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	33.30	Active	Fixed/Per Unit	Purchase
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	94.30	Active	Fixed/Per Unit	Purchase
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	585.23	Active	Fixed/Per Unit	Purchase
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	91.94	Active	Fixed/Per Unit	Purchase
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	493.29	Active	Fixed/Per Unit	Purchase
70350	Cephalogram, orthodontic	28.07	Active	Fixed/Per Unit	Purchase
70350	Cephalogram, orthodontic	11.38	Active	Fixed/Per Unit	Purchase
70350	Cephalogram, orthodontic	16.69	Active	Fixed/Per Unit	Purchase
70355	Orthopantomogram	39.46	Active	Fixed/Per Unit	Purchase
70355	Orthopantomogram	12.65	Active	Fixed/Per Unit	Purchase
70355	Orthopantomogram	26.81	Active	Fixed/Per Unit	Purchase
70360	Radiologic examination; neck, soft tissue	29.11	Active	Fixed/Per Unit	Purchase
70360	Radiologic examination; neck, soft tissue	11.03	Active	Fixed/Per Unit	Purchase
70360	Radiologic examination; neck, soft tissue	18.08	Active	Fixed/Per Unit	Purchase
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	76.51	Active	Fixed/Per Unit	Purchase
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	18.76	Active	Fixed/Per Unit	Purchase
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	57.75	Active	Fixed/Per Unit	Purchase

70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	146.59	Active	Fixed/Per Unit	Purchase
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	52.29	Active	Fixed/Per Unit	Purchase
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	94.30	Active	Fixed/Per Unit	Purchase
70373	Laryngography, contrast, radiological supervision and interpretation	108.43	Active	Fixed/Per Unit	Purchase
70373	Laryngography, contrast, radiological supervision and interpretation	26.99	Active	Fixed/Per Unit	Purchase
70373	Laryngography, contrast, radiological supervision and interpretation	81.44	Active	Fixed/Per Unit	Purchase
70380	Radiologic examination, salivary gland for calculus	41.30	Active	Fixed/Per Unit	Purchase
70380	Radiologic examination, salivary gland for calculus	11.03	Active	Fixed/Per Unit	Purchase
70380	Radiologic examination, salivary gland for calculus	30.27	Active	Fixed/Per Unit	Purchase
70390	Sialography, radiological supervision and interpretation	105.20	Active	Fixed/Per Unit	Purchase
70390	Sialography, radiological supervision and interpretation	23.76	Active	Fixed/Per Unit	Purchase
70390	Sialography, radiological supervision and interpretation	81.44	Active	Fixed/Per Unit	Purchase
70450	Computed tomography, head or brain; without contrast material	260.75	Active	Fixed/Per Unit	Purchase
70450	Computed tomography, head or brain; without contrast material	52.72	Active	Fixed/Per Unit	Purchase
70450	Computed tomography, head or brain; without contrast material	208.03	Active	Fixed/Per Unit	Purchase
70460	Computed tomography, head or brain; with contrast material(s)	319.23	Active	Fixed/Per Unit	Purchase
70460	Computed tomography, head or brain; with contrast material(s)	69.45	Active	Fixed/Per Unit	Purchase
70460	Computed tomography, head or brain; with contrast material(s)	249.78	Active	Fixed/Per Unit	Purchase
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	389.86	Active	Fixed/Per Unit	Purchase
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	78.87	Active	Fixed/Per Unit	Purchase
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	310.99	Active	Fixed/Per Unit	Purchase
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	287.32	Active	Fixed/Per Unit	Purchase
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	79.29	Active	Fixed/Per Unit	Purchase
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	208.03	Active	Fixed/Per Unit	Purchase
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	334.34	Active	Fixed/Per Unit	Purchase
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	84.56	Active	Fixed/Per Unit	Purchase
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	249.78	Active	Fixed/Per Unit	Purchase
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	399.55	Active	Fixed/Per Unit	Purchase
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	88.56	Active	Fixed/Per Unit	Purchase
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	310.99	Active	Fixed/Per Unit	Purchase

70486	Computed tomography, maxillofacial area; without contrast material	277.90	Active	Fixed/Per Unit	Purchase
70486	Computed tomography, maxillofacial area; without contrast material	69.87	Active	Fixed/Per Unit	Purchase
70486	Computed tomography, maxillofacial area; without contrast material	208.03	Active	Fixed/Per Unit	Purchase
70487	Computed tomography, maxillofacial area; with contrast material(s)	330.26	Active	Fixed/Per Unit	Purchase
70487	Computed tomography, maxillofacial area; with contrast material(s)	80.48	Active	Fixed/Per Unit	Purchase
70487	Computed tomography, maxillofacial area; with contrast material(s)	249.78	Active	Fixed/Per Unit	Purchase
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	397.59	Active	Fixed/Per Unit	Purchase
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	86.60	Active	Fixed/Per Unit	Purchase
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	310.99	Active	Fixed/Per Unit	Purchase
70490	Computed tomography, soft tissue neck; without contrast material	287.32	Active	Fixed/Per Unit	Purchase
70490	Computed tomography, soft tissue neck; without contrast material	79.29	Active	Fixed/Per Unit	Purchase
70490	Computed tomography, soft tissue neck; without contrast material	208.03	Active	Fixed/Per Unit	Purchase
70491	Computed tomography, soft tissue neck; with contrast material(s)	334.34	Active	Fixed/Per Unit	Purchase
70491	Computed tomography, soft tissue neck; with contrast material(s)	84.56	Active	Fixed/Per Unit	Purchase
70491	Computed tomography, soft tissue neck; with contrast material(s)	249.78	Active	Fixed/Per Unit	Purchase
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	399.20	Active	Fixed/Per Unit	Purchase
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	88.21	Active	Fixed/Per Unit	Purchase
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	310.99	Active	Fixed/Per Unit	Purchase
70496	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	578.63	Active	Fixed/Per Unit	Purchase
70496	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	107.90	Active	Fixed/Per Unit	Purchase
70496	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	470.73	Active	Fixed/Per Unit	Purchase
70498	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	578.63	Active	Fixed/Per Unit	Purchase
70498	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	107.90	Active	Fixed/Per Unit	Purchase
70498	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	470.73	Active	Fixed/Per Unit	Purchase
7540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	540.89	Active	Fixed/Per Unit	Purchase

70540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	82.94	Active	Fixed/Per Unit	Purchase
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	457.95	Active	Fixed/Per Unit	Purchase
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)	649.28	Active	Fixed/Per Unit	Purchase
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)	99.25	Active	Fixed/Per Unit	Purchase
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)	550.03	Active	Fixed/Per Unit	Purchase
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences	1,145.98	Active	Fixed/Per Unit	Purchase
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences	133.21	Active	Fixed/Per Unit	Purchase
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences	1,012.77	Active	Fixed/Per Unit	Purchase
70544	Magnetic resonance angiography, head; without contrast material(s)	566.74	Active	Fixed/Per Unit	Purchase
70544	Magnetic resonance angiography, head; without contrast material(s)	73.45	Active	Fixed/Per Unit	Purchase
70544	Magnetic resonance angiography, head; without contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
70545	Magnetic resonance angiography, head; with contrast material(s)	566.39	Active	Fixed/Per Unit	Purchase
70545	Magnetic resonance angiography, head; with contrast material(s)	73.10	Active	Fixed/Per Unit	Purchase
70545	Magnetic resonance angiography, head; with contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	993.39	Active	Fixed/Per Unit	Purchase
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	110.71	Active	Fixed/Per Unit	Purchase
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	882.68	Active	Fixed/Per Unit	Purchase
70547	Magnetic resonance angiography, neck; without contrast material(s)	566.39	Active	Fixed/Per Unit	Purchase
70547	Magnetic resonance angiography, neck; without contrast material(s)	73.10	Active	Fixed/Per Unit	Purchase
70547	Magnetic resonance angiography, neck; without contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
70548	Magnetic resonance angiography, neck; with contrast material(s)	566.39	Active	Fixed/Per Unit	Purchase
70548	Magnetic resonance angiography, neck; with contrast material(s)	73.10	Active	Fixed/Per Unit	Purchase
70548	Magnetic resonance angiography, neck; with contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	993.39	Active	Fixed/Per Unit	Purchase
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	110.71	Active	Fixed/Per Unit	Purchase
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	882.68	Active	Fixed/Per Unit	Purchase
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	585.23	Active	Fixed/Per Unit	Purchase

70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	91.94	Active	Fixed/Per Unit	Purchase
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	493.29	Active	Fixed/Per Unit	Purchase
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	700.53	Active	Fixed/Per Unit	Purchase
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	109.86	Active	Fixed/Per Unit	Purchase
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	590.67	Active	Fixed/Per Unit	Purchase
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	1,240.32	Active	Fixed/Per Unit	Purchase
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	144.51	Active	Fixed/Per Unit	Purchase
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	1,095.81	Active	Fixed/Per Unit	Purchase
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	175.95	Active	Fixed/Per Unit	Purchase
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	175.95	Active	Fixed/Per Unit	Purchase
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	0.00	Active	Fixed/Per Unit	Purchase
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	195.98	Active	Fixed/Per Unit	Purchase
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	195.98	Active	Fixed/Per Unit	Purchase
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	0.00	Active	Fixed/Per Unit	Purchase
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	199.52	Active	Fixed/Per Unit	Purchase
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	199.52	Active	Fixed/Per Unit	Purchase

70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	0.00	Active	Fixed/Per Unit	Purchase
71010	Radiologic examination, chest; single view, frontal	31.26	Active	Fixed/Per Unit	Purchase
71010	Radiologic examination, chest; single view, frontal	11.45	Active	Fixed/Per Unit	Purchase
71010	Radiologic examination, chest; single view, frontal	19.81	Active	Fixed/Per Unit	Purchase
71015	Radiologic examination, chest; stereo, frontal	34.61	Active	Fixed/Per Unit	Purchase
71015	Radiologic examination, chest; stereo, frontal	13.07	Active	Fixed/Per Unit	Purchase
71015	Radiologic examination, chest; stereo, frontal	21.54	Active	Fixed/Per Unit	Purchase
71020	Radiologic examination, chest, two views, frontal and lateral;	42.03	Active	Fixed/Per Unit	Purchase
71020	Radiologic examination, chest, two views, frontal and lateral;	13.49	Active	Fixed/Per Unit	Purchase
71020	Radiologic examination, chest, two views, frontal and lateral;	28.54	Active	Fixed/Per Unit	Purchase
71021	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure	50.42	Active	Fixed/Per Unit	Purchase
71021	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure	16.30	Active	Fixed/Per Unit	Purchase
71021	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure	34.12	Active	Fixed/Per Unit	Purchase
71022	Radiologic examination, chest, two views, frontal and lateral; with oblique projections	52.46	Active	Fixed/Per Unit	Purchase
71022	Radiologic examination, chest, two views, frontal and lateral; with oblique projections	18.34	Active	Fixed/Per Unit	Purchase
71022	Radiologic examination, chest, two views, frontal and lateral; with oblique projections	34.12	Active	Fixed/Per Unit	Purchase
71023	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy	58.19	Active	Fixed/Per Unit	Purchase
71023	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy	22.34	Active	Fixed/Per Unit	Purchase
71023	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy	35.85	Active	Fixed/Per Unit	Purchase
71030	Radiologic examination, chest, complete, minimum of four views;	54.19	Active	Fixed/Per Unit	Purchase
71030	Radiologic examination, chest, complete, minimum of four views;	18.34	Active	Fixed/Per Unit	Purchase
71030	Radiologic examination, chest, complete, minimum of four views;	35.85	Active	Fixed/Per Unit	Purchase
71034	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy	92.55	Active	Fixed/Per Unit	Purchase
71034	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy	28.53	Active	Fixed/Per Unit	Purchase
71034	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy	64.02	Active	Fixed/Per Unit	Purchase
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	32.99	Active	Fixed/Per Unit	Purchase
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	11.45	Active	Fixed/Per Unit	Purchase
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	21.54	Active	Fixed/Per Unit	Purchase
71040	Bronchography, unilateral, radiological supervision and interpretation	101.12	Active	Fixed/Per Unit	Purchase
71040	Bronchography, unilateral, radiological supervision and interpretation	36.41	Active	Fixed/Per Unit	Purchase
71040	Bronchography, unilateral, radiological supervision and interpretation	64.71	Active	Fixed/Per Unit	Purchase

71060	Bronchography, bilateral, radiological supervision and interpretation	144.44	Active	Fixed/Per Unit	Purchase
71060	Bronchography, bilateral, radiological supervision and interpretation	44.91	Active	Fixed/Per Unit	Purchase
71060	Bronchography, bilateral, radiological supervision and interpretation	99.53	Active	Fixed/Per Unit	Purchase
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	111.28	Active	Fixed/Per Unit	Purchase
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	33.65	Active	Fixed/Per Unit	Purchase
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	77.63	Active	Fixed/Per Unit	Purchase
71100	Radiologic examination, ribs, unilateral; two views	40.30	Active	Fixed/Per Unit	Purchase
71100	Radiologic examination, ribs, unilateral; two views	13.49	Active	Fixed/Per Unit	Purchase
71100	Radiologic examination, ribs, unilateral; two views	26.81	Active	Fixed/Per Unit	Purchase
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views	46.57	Active	Fixed/Per Unit	Purchase
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views	16.30	Active	Fixed/Per Unit	Purchase
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views	30.27	Active	Fixed/Per Unit	Purchase
71110	Radiologic examination, ribs, bilateral; three views	52.15	Active	Fixed/Per Unit	Purchase
71110	Radiologic examination, ribs, bilateral; three views	16.30	Active	Fixed/Per Unit	Purchase
71110	Radiologic examination, ribs, bilateral; three views	35.85	Active	Fixed/Per Unit	Purchase
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views	60.19	Active	Fixed/Per Unit	Purchase
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views	18.76	Active	Fixed/Per Unit	Purchase
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views	41.43	Active	Fixed/Per Unit	Purchase
71120	Radiologic examination; sternum, minimum of two views	42.23	Active	Fixed/Per Unit	Purchase
71120	Radiologic examination; sternum, minimum of two views	12.65	Active	Fixed/Per Unit	Purchase
71120	Radiologic examination; sternum, minimum of two views	29.58	Active	Fixed/Per Unit	Purchase
71130	Radiologic examination; sternoclavicular joint or joints, minimum of three views	45.15	Active	Fixed/Per Unit	Purchase
71130	Radiologic examination; sternoclavicular joint or joints, minimum of three views	13.49	Active	Fixed/Per Unit	Purchase
71130	Radiologic examination; sternoclavicular joint or joints, minimum of three views	31.66	Active	Fixed/Per Unit	Purchase
71250	Computed tomography, thorax; without contrast material	331.26	Active	Fixed/Per Unit	Purchase
71250	Computed tomography, thorax; without contrast material	71.06	Active	Fixed/Per Unit	Purchase
71250	Computed tomography, thorax; without contrast material	260.20	Active	Fixed/Per Unit	Purchase
71260	Computed tomography, thorax; with contrast material(s)	386.48	Active	Fixed/Per Unit	Purchase
71260	Computed tomography, thorax; with contrast material(s)	75.49	Active	Fixed/Per Unit	Purchase
71260	Computed tomography, thorax; with contrast material(s)	310.99	Active	Fixed/Per Unit	Purchase
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	473.47	Active	Fixed/Per Unit	Purchase
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	84.56	Active	Fixed/Per Unit	Purchase
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	388.91	Active	Fixed/Per Unit	Purchase
71275	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	618.12	Active	Fixed/Per Unit	Purchase
71275	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	118.94	Active	Fixed/Per Unit	Purchase

71275	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	499.18	Active	Fixed/Per Unit	Purchase
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	557.53	Active	Fixed/Per Unit	Purchase
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	88.98	Active	Fixed/Per Unit	Purchase
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	468.55	Active	Fixed/Per Unit	Purchase
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	665.93	Active	Fixed/Per Unit	Purchase
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	107.06	Active	Fixed/Per Unit	Purchase
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	558.87	Active	Fixed/Per Unit	Purchase
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	1,123.40	Active	Fixed/Per Unit	Purchase
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	138.90	Active	Fixed/Per Unit	Purchase
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	984.50	Active	Fixed/Per Unit	Purchase
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	604.77	Active	Fixed/Per Unit	Purchase
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	111.48	Active	Fixed/Per Unit	Purchase
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	73.69	Active	Fixed/Per Unit	Purchase
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	27.76	Active	Fixed/Per Unit	Purchase
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	45.93	Active	Fixed/Per Unit	Purchase
72020	Radiologic examination, spine, single view, specify level	27.92	Active	Fixed/Per Unit	Purchase
72020	Radiologic examination, spine, single view, specify level	9.84	Active	Fixed/Per Unit	Purchase
72020	Radiologic examination, spine, single view, specify level	18.08	Active	Fixed/Per Unit	Purchase
72040	Radiologic examination, spine, cervical; two or three views	41.34	Active	Fixed/Per Unit	Purchase
72040	Radiologic examination, spine, cervical; two or three views	13.49	Active	Fixed/Per Unit	Purchase
72040	Radiologic examination, spine, cervical; two or three views	27.85	Active	Fixed/Per Unit	Purchase
72050	Radiologic examination, spine, cervical; minimum of four views	59.77	Active	Fixed/Per Unit	Purchase
72050	Radiologic examination, spine, cervical; minimum of four views	18.34	Active	Fixed/Per Unit	Purchase
72050	Radiologic examination, spine, cervical; minimum of four views	41.43	Active	Fixed/Per Unit	Purchase
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	72.65	Active	Fixed/Per Unit	Purchase

72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	22.91	Active	Fixed/Per Unit	Purchase
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	49.74	Active	Fixed/Per Unit	Purchase
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	34.34	Active	Fixed/Per Unit	Purchase
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	13.84	Active	Fixed/Per Unit	Purchase
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	20.50	Active	Fixed/Per Unit	Purchase
72070	Radiologic examination, spine; thoracic, two views	43.07	Active	Fixed/Per Unit	Purchase
72070	Radiologic examination, spine; thoracic, two views	13.49	Active	Fixed/Per Unit	Purchase
72070	Radiologic examination, spine; thoracic, two views	29.58	Active	Fixed/Per Unit	Purchase
72072	Radiologic examination, spine; thoracic, three views	47.61	Active	Fixed/Per Unit	Purchase
72072	Radiologic examination, spine; thoracic, three views	13.49	Active	Fixed/Per Unit	Purchase
72072	Radiologic examination, spine; thoracic, three views	34.12	Active	Fixed/Per Unit	Purchase
72074	Radiologic examination, spine; thoracic, minimum of four views	55.61	Active	Fixed/Per Unit	Purchase
72074	Radiologic examination, spine; thoracic, minimum of four views	13.49	Active	Fixed/Per Unit	Purchase
72074	Radiologic examination, spine; thoracic, minimum of four views	42.12	Active	Fixed/Per Unit	Purchase
72080	Radiologic examination, spine; thoracolumbar, two views	43.76	Active	Fixed/Per Unit	Purchase
72080	Radiologic examination, spine; thoracolumbar, two views	13.49	Active	Fixed/Per Unit	Purchase
72080	Radiologic examination, spine; thoracolumbar, two views	30.27	Active	Fixed/Per Unit	Purchase
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	46.99	Active	Fixed/Per Unit	Purchase
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	16.72	Active	Fixed/Per Unit	Purchase
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	30.27	Active	Fixed/Per Unit	Purchase
72100	Radiologic examination, spine, lumbosacral; two or three views	43.76	Active	Fixed/Per Unit	Purchase
72100	Radiologic examination, spine, lumbosacral; two or three views	13.49	Active	Fixed/Per Unit	Purchase
72100	Radiologic examination, spine, lumbosacral; two or three views	30.27	Active	Fixed/Per Unit	Purchase
72110	Radiologic examination, spine, lumbosacral; minimum of four views	60.46	Active	Fixed/Per Unit	Purchase
72110	Radiologic examination, spine, lumbosacral; minimum of four views	18.34	Active	Fixed/Per Unit	Purchase
72110	Radiologic examination, spine, lumbosacral; minimum of four views	42.12	Active	Fixed/Per Unit	Purchase
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	74.73	Active	Fixed/Per Unit	Purchase
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	22.91	Active	Fixed/Per Unit	Purchase
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	51.82	Active	Fixed/Per Unit	Purchase
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	54.92	Active	Fixed/Per Unit	Purchase
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	13.49	Active	Fixed/Per Unit	Purchase
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	41.43	Active	Fixed/Per Unit	Purchase
72125	Computed tomography, cervical spine; without contrast material	331.26	Active	Fixed/Per Unit	Purchase
72125	Computed tomography, cervical spine; without contrast material	71.06	Active	Fixed/Per Unit	Purchase
72125	Computed tomography, cervical spine; without contrast material	260.20	Active	Fixed/Per Unit	Purchase

72126	Computed tomography, cervical spine; with contrast material	385.28	Active	Fixed/Per Unit	Purchase
72126	Computed tomography, cervical spine; with contrast material	74.29	Active	Fixed/Per Unit	Purchase
72126	Computed tomography, cervical spine; with contrast material	310.99	Active	Fixed/Per Unit	Purchase
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	467.78	Active	Fixed/Per Unit	Purchase
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	78.87	Active	Fixed/Per Unit	Purchase
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	388.91	Active	Fixed/Per Unit	Purchase
72128	Computed tomography, thoracic spine; without contrast material	331.26	Active	Fixed/Per Unit	Purchase
72128	Computed tomography, thoracic spine; without contrast material	71.06	Active	Fixed/Per Unit	Purchase
72128	Computed tomography, thoracic spine; without contrast material	260.20	Active	Fixed/Per Unit	Purchase
72129	Computed tomography, thoracic spine; with contrast material	385.28	Active	Fixed/Per Unit	Purchase
72129	Computed tomography, thoracic spine; with contrast material	74.29	Active	Fixed/Per Unit	Purchase
72129	Computed tomography, thoracic spine; with contrast material	310.99	Active	Fixed/Per Unit	Purchase
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	467.78	Active	Fixed/Per Unit	Purchase
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	78.87	Active	Fixed/Per Unit	Purchase
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	388.91	Active	Fixed/Per Unit	Purchase
72131	Computed tomography, lumbar spine; without contrast material	331.26	Active	Fixed/Per Unit	Purchase
72131	Computed tomography, lumbar spine; without contrast material	71.06	Active	Fixed/Per Unit	Purchase
72131	Computed tomography, lumbar spine; without contrast material	260.20	Active	Fixed/Per Unit	Purchase
72132	Computed tomography, lumbar spine; with contrast material	385.28	Active	Fixed/Per Unit	Purchase
72132	Computed tomography, lumbar spine; with contrast material	74.29	Active	Fixed/Per Unit	Purchase
72132	Computed tomography, lumbar spine; with contrast material	310.99	Active	Fixed/Per Unit	Purchase
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	467.78	Active	Fixed/Per Unit	Purchase
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	78.87	Active	Fixed/Per Unit	Purchase
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	388.91	Active	Fixed/Per Unit	Purchase
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	591.69	Active	Fixed/Per Unit	Purchase
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	98.40	Active	Fixed/Per Unit	Purchase
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	493.29	Active	Fixed/Per Unit	Purchase

72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	709.95	Active	Fixed/Per Unit	Purchase
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	119.28	Active	Fixed/Per Unit	Purchase
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	590.67	Active	Fixed/Per Unit	Purchase
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	643.83	Active	Fixed/Per Unit	Purchase
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	98.40	Active	Fixed/Per Unit	Purchase
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	545.43	Active	Fixed/Per Unit	Purchase
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	709.61	Active	Fixed/Per Unit	Purchase
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	118.94	Active	Fixed/Per Unit	Purchase
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	590.67	Active	Fixed/Per Unit	Purchase
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	637.37	Active	Fixed/Per Unit	Purchase
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	91.94	Active	Fixed/Per Unit	Purchase
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	545.43	Active	Fixed/Per Unit	Purchase
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	700.88	Active	Fixed/Per Unit	Purchase
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	110.21	Active	Fixed/Per Unit	Purchase
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	590.67	Active	Fixed/Per Unit	Purchase
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	1,253.40	Active	Fixed/Per Unit	Purchase
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	157.59	Active	Fixed/Per Unit	Purchase
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	1,095.81	Active	Fixed/Per Unit	Purchase
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	1,253.05	Active	Fixed/Per Unit	Purchase
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	157.24	Active	Fixed/Per Unit	Purchase
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	1,095.81	Active	Fixed/Per Unit	Purchase
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	1,240.32	Active	Fixed/Per Unit	Purchase
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	144.51	Active	Fixed/Per Unit	Purchase
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	1,095.81	Active	Fixed/Per Unit	Purchase
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	655.86	Active	Fixed/Per Unit	Purchase
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	117.71	Active	Fixed/Per Unit	Purchase
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	538.15	Active	Fixed/Per Unit	Purchase

72170	Radiologic examination, pelvis; one or two views	32.57	Active	Fixed/Per Unit	Purchase
72170	Radiologic examination, pelvis; one or two views	11.03	Active	Fixed/Per Unit	Purchase
72170	Radiologic examination, pelvis; one or two views	21.54	Active	Fixed/Per Unit	Purchase
72190	Radiologic examination, pelvis; complete, minimum of three views	43.34	Active	Fixed/Per Unit	Purchase
72190	Radiologic examination, pelvis; complete, minimum of three views	13.07	Active	Fixed/Per Unit	Purchase
72190	Radiologic examination, pelvis; complete, minimum of three views	30.27	Active	Fixed/Per Unit	Purchase
72191	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	598.18	Active	Fixed/Per Unit	Purchase
72191	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	111.48	Active	Fixed/Per Unit	Purchase
72191	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	486.70	Active	Fixed/Per Unit	Purchase
72192	Computed tomography, pelvis; without contrast material	327.61	Active	Fixed/Per Unit	Purchase
72192	Computed tomography, pelvis; without contrast material	67.41	Active	Fixed/Per Unit	Purchase
72192	Computed tomography, pelvis; without contrast material	260.20	Active	Fixed/Per Unit	Purchase
72193	Computed tomography, pelvis; with contrast material(s)	372.32	Active	Fixed/Per Unit	Purchase
72193	Computed tomography, pelvis; with contrast material(s)	71.06	Active	Fixed/Per Unit	Purchase
72193	Computed tomography, pelvis; with contrast material(s)	301.26	Active	Fixed/Per Unit	Purchase
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	445.08	Active	Fixed/Per Unit	Purchase
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	74.29	Active	Fixed/Per Unit	Purchase
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	370.79	Active	Fixed/Per Unit	Purchase
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	557.53	Active	Fixed/Per Unit	Purchase
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	88.98	Active	Fixed/Per Unit	Purchase
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	468.55	Active	Fixed/Per Unit	Purchase
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	665.93	Active	Fixed/Per Unit	Purchase
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	107.06	Active	Fixed/Per Unit	Purchase
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	558.87	Active	Fixed/Per Unit	Purchase
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	1,165.80	Active	Fixed/Per Unit	Purchase
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	138.90	Active	Fixed/Per Unit	Purchase
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	1,026.90	Active	Fixed/Per Unit	Purchase
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	604.00	Active	Fixed/Per Unit	Purchase
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	110.71	Active	Fixed/Per Unit	Purchase
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
72200	Radiologic examination, sacroiliac joints; less than three views	32.57	Active	Fixed/Per Unit	Purchase
72200	Radiologic examination, sacroiliac joints; less than three views	11.03	Active	Fixed/Per Unit	Purchase

72200	Radiologic examination, sacroiliac joints; less than three views	21.54	Active	Fixed/Per Unit	Purchase
72202	Radiologic examination, sacroiliac joints; three or more views	40.42	Active	Fixed/Per Unit	Purchase
72202	Radiologic examination, sacroiliac joints; three or more views	11.88	Active	Fixed/Per Unit	Purchase
72202	Radiologic examination, sacroiliac joints; three or more views	28.54	Active	Fixed/Per Unit	Purchase
72220	Radiologic examination, sacrum and coccyx, minimum of two views	37.84	Active	Fixed/Per Unit	Purchase
72220	Radiologic examination, sacrum and coccyx, minimum of two views	11.03	Active	Fixed/Per Unit	Purchase
72220	Radiologic examination, sacrum and coccyx, minimum of two views	26.81	Active	Fixed/Per Unit	Purchase
72240	Myelography, cervical, radiological supervision and interpretation	264.67	Active	Fixed/Per Unit	Purchase
72240	Myelography, cervical, radiological supervision and interpretation	55.60	Active	Fixed/Per Unit	Purchase
72240	Myelography, cervical, radiological supervision and interpretation	209.07	Active	Fixed/Per Unit	Purchase
72255	Myelography, thoracic, radiological supervision and interpretation	244.13	Active	Fixed/Per Unit	Purchase
72255	Myelography, thoracic, radiological supervision and interpretation	54.91	Active	Fixed/Per Unit	Purchase
72255	Myelography, thoracic, radiological supervision and interpretation	189.22	Active	Fixed/Per Unit	Purchase
72265	Myelography, lumbosacral, radiological supervision and interpretation	231.04	Active	Fixed/Per Unit	Purchase
72265	Myelography, lumbosacral, radiological supervision and interpretation	50.83	Active	Fixed/Per Unit	Purchase
72265	Myelography, lumbosacral, radiological supervision and interpretation	180.21	Active	Fixed/Per Unit	Purchase
72270	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	351.73	Active	Fixed/Per Unit	Purchase
72270	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	81.41	Active	Fixed/Per Unit	Purchase
72270	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	270.32	Active	Fixed/Per Unit	Purchase
72275	Epidurography, radiological supervision and interpretation	158.10	Active	Fixed/Per Unit	Purchase
72275	Epidurography, radiological supervision and interpretation	46.14	Active	Fixed/Per Unit	Purchase
72275	Epidurography, radiological supervision and interpretation	111.96	Active	Fixed/Per Unit	Purchase
72285	Diskography, cervical or thoracic, radiological supervision and interpretation	440.88	Active	Fixed/Per Unit	Purchase
72285	Diskography, cervical or thoracic, radiological supervision and interpretation	73.90	Active	Fixed/Per Unit	Purchase
72285	Diskography, cervical or thoracic, radiological supervision and interpretation	366.98	Active	Fixed/Per Unit	Purchase
72295	Diskography, lumbar, radiological supervision and interpretation	398.72	Active	Fixed/Per Unit	Purchase
72295	Diskography, lumbar, radiological supervision and interpretation	55.06	Active	Fixed/Per Unit	Purchase
72295	Diskography, lumbar, radiological supervision and interpretation	343.66	Active	Fixed/Per Unit	Purchase

73000	Radiologic examination; clavicle, complete	31.80	Active	Fixed/Per Unit	Purchase
73000	Radiologic examination; clavicle, complete	10.26	Active	Fixed/Per Unit	Purchase
73000	Radiologic examination; clavicle, complete	21.54	Active	Fixed/Per Unit	Purchase
73010	Radiologic examination; scapula, complete	32.57	Active	Fixed/Per Unit	Purchase
73010	Radiologic examination; scapula, complete	11.03	Active	Fixed/Per Unit	Purchase
73010	Radiologic examination; scapula, complete	21.54	Active	Fixed/Per Unit	Purchase
73020	Radiologic examination, shoulder; one view	29.65	Active	Fixed/Per Unit	Purchase
73020	Radiologic examination, shoulder; one view	9.84	Active	Fixed/Per Unit	Purchase
73020	Radiologic examination, shoulder; one view	19.81	Active	Fixed/Per Unit	Purchase
73030	Radiologic examination, shoulder; complete, minimum of two views	38.26	Active	Fixed/Per Unit	Purchase
73030	Radiologic examination, shoulder; complete, minimum of two views	11.45	Active	Fixed/Per Unit	Purchase
73030	Radiologic examination, shoulder; complete, minimum of two views	26.81	Active	Fixed/Per Unit	Purchase
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	126.91	Active	Fixed/Per Unit	Purchase
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	94.30	Active	Fixed/Per Unit	Purchase
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	42.92	Active	Fixed/Per Unit	Purchase
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	12.65	Active	Fixed/Per Unit	Purchase
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	30.27	Active	Fixed/Per Unit	Purchase
73060	Radiologic examination; humerus, minimum of two views	37.84	Active	Fixed/Per Unit	Purchase
73060	Radiologic examination; humerus, minimum of two views	11.03	Active	Fixed/Per Unit	Purchase
73060	Radiologic examination; humerus, minimum of two views	26.81	Active	Fixed/Per Unit	Purchase
73070	Radiologic examination, elbow; two views	31.38	Active	Fixed/Per Unit	Purchase
73070	Radiologic examination, elbow; two views	9.84	Active	Fixed/Per Unit	Purchase
73070	Radiologic examination, elbow; two views	21.54	Active	Fixed/Per Unit	Purchase
73080	Radiologic examination, elbow; complete, minimum of three views	37.84	Active	Fixed/Per Unit	Purchase
73080	Radiologic examination, elbow; complete, minimum of three views	11.03	Active	Fixed/Per Unit	Purchase
73080	Radiologic examination, elbow; complete, minimum of three views	26.81	Active	Fixed/Per Unit	Purchase
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	127.25	Active	Fixed/Per Unit	Purchase
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	32.95	Active	Fixed/Per Unit	Purchase
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	94.30	Active	Fixed/Per Unit	Purchase
73090	Radiologic examination; forearm, two views	31.80	Active	Fixed/Per Unit	Purchase
73090	Radiologic examination; forearm, two views	10.26	Active	Fixed/Per Unit	Purchase
73090	Radiologic examination; forearm, two views	21.54	Active	Fixed/Per Unit	Purchase
73092	Radiologic examination; upper extremity, infant, minimum of two views	30.76	Active	Fixed/Per Unit	Purchase
73092	Radiologic examination; upper extremity, infant, minimum of two views	10.26	Active	Fixed/Per Unit	Purchase
73092	Radiologic examination; upper extremity, infant, minimum of two views	20.50	Active	Fixed/Per Unit	Purchase
73100	Radiologic examination, wrist; two views	30.76	Active	Fixed/Per Unit	Purchase
73100	Radiologic examination, wrist; two views	10.26	Active	Fixed/Per Unit	Purchase
73100	Radiologic examination, wrist; two views	20.50	Active	Fixed/Per Unit	Purchase

73110	Radiologic examination, wrist; complete, minimum of three views	32.92	Active	Fixed/Per Unit	Purchase
73110	Radiologic examination, wrist; complete, minimum of three views	11.03	Active	Fixed/Per Unit	Purchase
73110	Radiologic examination, wrist; complete, minimum of three views	21.89	Active	Fixed/Per Unit	Purchase
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	105.01	Active	Fixed/Per Unit	Purchase
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	72.40	Active	Fixed/Per Unit	Purchase
73120	Radiologic examination, hand; two views	30.76	Active	Fixed/Per Unit	Purchase
73120	Radiologic examination, hand; two views	10.26	Active	Fixed/Per Unit	Purchase
73120	Radiologic examination, hand; two views	20.50	Active	Fixed/Per Unit	Purchase
73130	Radiologic examination, hand; minimum of three views	32.92	Active	Fixed/Per Unit	Purchase
73130	Radiologic examination, hand; minimum of three views	11.03	Active	Fixed/Per Unit	Purchase
73130	Radiologic examination, hand; minimum of three views	21.89	Active	Fixed/Per Unit	Purchase
73140	Radiologic examination, finger(s), minimum of two views	26.73	Active	Fixed/Per Unit	Purchase
73140	Radiologic examination, finger(s), minimum of two views	8.65	Active	Fixed/Per Unit	Purchase
73140	Radiologic examination, finger(s), minimum of two views	18.08	Active	Fixed/Per Unit	Purchase
73200	Computed tomography, upper extremity; without contrast material	283.75	Active	Fixed/Per Unit	Purchase
73200	Computed tomography, upper extremity; without contrast material	67.41	Active	Fixed/Per Unit	Purchase
73200	Computed tomography, upper extremity; without contrast material	216.34	Active	Fixed/Per Unit	Purchase
73201	Computed tomography, upper extremity; with contrast material(s)	331.26	Active	Fixed/Per Unit	Purchase
73201	Computed tomography, upper extremity; with contrast material(s)	71.06	Active	Fixed/Per Unit	Purchase
73201	Computed tomography, upper extremity; with contrast material(s)	260.20	Active	Fixed/Per Unit	Purchase
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	400.94	Active	Fixed/Per Unit	Purchase
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	74.29	Active	Fixed/Per Unit	Purchase
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	326.65	Active	Fixed/Per Unit	Purchase
73206	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	560.77	Active	Fixed/Per Unit	Purchase
73206	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	111.13	Active	Fixed/Per Unit	Purchase
73206	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	449.64	Active	Fixed/Per Unit	Purchase
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	540.89	Active	Fixed/Per Unit	Purchase
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	82.94	Active	Fixed/Per Unit	Purchase
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	457.95	Active	Fixed/Per Unit	Purchase

73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	649.63	Active	Fixed/Per Unit	Purchase
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	99.60	Active	Fixed/Per Unit	Purchase
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	550.03	Active	Fixed/Per Unit	Purchase
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1,145.98	Active	Fixed/Per Unit	Purchase
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	133.21	Active	Fixed/Per Unit	Purchase
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1,012.77	Active	Fixed/Per Unit	Purchase
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	540.89	Active	Fixed/Per Unit	Purchase
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	82.94	Active	Fixed/Per Unit	Purchase
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	457.95	Active	Fixed/Per Unit	Purchase
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	649.28	Active	Fixed/Per Unit	Purchase
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	99.25	Active	Fixed/Per Unit	Purchase
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	550.03	Active	Fixed/Per Unit	Purchase
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	1,145.98	Active	Fixed/Per Unit	Purchase
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	133.21	Active	Fixed/Per Unit	Purchase
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	1,012.77	Active	Fixed/Per Unit	Purchase
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	600.75	Active	Fixed/Per Unit	Purchase
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	114.05	Active	Fixed/Per Unit	Purchase
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	486.70	Active	Fixed/Per Unit	Purchase
73500	Radiologic examination, hip, unilateral; one view	30.84	Active	Fixed/Per Unit	Purchase
73500	Radiologic examination, hip, unilateral; one view	11.03	Active	Fixed/Per Unit	Purchase
73500	Radiologic examination, hip, unilateral; one view	19.81	Active	Fixed/Per Unit	Purchase
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	39.88	Active	Fixed/Per Unit	Purchase
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	13.07	Active	Fixed/Per Unit	Purchase
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	26.81	Active	Fixed/Per Unit	Purchase
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	46.15	Active	Fixed/Per Unit	Purchase
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	15.88	Active	Fixed/Per Unit	Purchase
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	30.27	Active	Fixed/Per Unit	Purchase
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	128.67	Active	Fixed/Per Unit	Purchase

73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	34.37	Active	Fixed/Per Unit	Purchase
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	94.30	Active	Fixed/Per Unit	Purchase
73530	Radiologic examination, hip, during operative procedure	39.03	Active	Fixed/Per Unit	Purchase
73530	Radiologic examination, hip, during operative procedure	17.49	Active	Fixed/Per Unit	Purchase
73530	Radiologic examination, hip, during operative procedure	21.54	Active	Fixed/Per Unit	Purchase
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views	39.46	Active	Fixed/Per Unit	Purchase
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views	12.65	Active	Fixed/Per Unit	Purchase
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views	26.81	Active	Fixed/Per Unit	Purchase
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	130.10	Active	Fixed/Per Unit	Purchase
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	35.80	Active	Fixed/Per Unit	Purchase
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	94.30	Active	Fixed/Per Unit	Purchase
73550	Radiologic examination, femur, two views	37.84	Active	Fixed/Per Unit	Purchase
73550	Radiologic examination, femur, two views	11.03	Active	Fixed/Per Unit	Purchase
73550	Radiologic examination, femur, two views	26.81	Active	Fixed/Per Unit	Purchase
73560	Radiologic examination, knee; one or two views	32.57	Active	Fixed/Per Unit	Purchase
73560	Radiologic examination, knee; one or two views	11.03	Active	Fixed/Per Unit	Purchase
73560	Radiologic examination, knee; one or two views	21.54	Active	Fixed/Per Unit	Purchase
73562	Radiologic examination, knee; three views	38.26	Active	Fixed/Per Unit	Purchase
73562	Radiologic examination, knee; three views	11.45	Active	Fixed/Per Unit	Purchase
73562	Radiologic examination, knee; three views	26.81	Active	Fixed/Per Unit	Purchase
73564	Radiologic examination, knee; complete, four or more views	42.03	Active	Fixed/Per Unit	Purchase
73564	Radiologic examination, knee; complete, four or more views	13.49	Active	Fixed/Per Unit	Purchase
73564	Radiologic examination, knee; complete, four or more views	28.54	Active	Fixed/Per Unit	Purchase
73565	Radiologic examination, knee; both knees, standing, anteroposterior	31.53	Active	Fixed/Per Unit	Purchase
73565	Radiologic examination, knee; both knees, standing, anteroposterior	11.03	Active	Fixed/Per Unit	Purchase
73565	Radiologic examination, knee; both knees, standing, anteroposterior	20.50	Active	Fixed/Per Unit	Purchase
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	149.87	Active	Fixed/Per Unit	Purchase
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	34.03	Active	Fixed/Per Unit	Purchase
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	115.84	Active	Fixed/Per Unit	Purchase
73590	Radiologic examination; tibia and fibula, two views	32.57	Active	Fixed/Per Unit	Purchase
73590	Radiologic examination; tibia and fibula, two views	11.03	Active	Fixed/Per Unit	Purchase
73590	Radiologic examination; tibia and fibula, two views	21.54	Active	Fixed/Per Unit	Purchase
73592	Radiologic examination; lower extremity, infant, minimum of two views	30.76	Active	Fixed/Per Unit	Purchase
73592	Radiologic examination; lower extremity, infant, minimum of two views	10.26	Active	Fixed/Per Unit	Purchase
73592	Radiologic examination; lower extremity, infant, minimum of two views	20.50	Active	Fixed/Per Unit	Purchase
73600	Radiologic examination, ankle; two views	30.76	Active	Fixed/Per Unit	Purchase
73600	Radiologic examination, ankle; two views	10.26	Active	Fixed/Per Unit	Purchase
73600	Radiologic examination, ankle; two views	20.50	Active	Fixed/Per Unit	Purchase

73610	Radiologic examination, ankle; complete, minimum of three views	32.92	Active	Fixed/Per Unit	Purchase
73610	Radiologic examination, ankle; complete, minimum of three views	11.03	Active	Fixed/Per Unit	Purchase
73610	Radiologic examination, ankle; complete, minimum of three views	21.89	Active	Fixed/Per Unit	Purchase
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	128.67	Active	Fixed/Per Unit	Purchase
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	34.37	Active	Fixed/Per Unit	Purchase
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	94.30	Active	Fixed/Per Unit	Purchase
73620	Radiologic examination, foot; two views	30.76	Active	Fixed/Per Unit	Purchase
73620	Radiologic examination, foot; two views	10.26	Active	Fixed/Per Unit	Purchase
73620	Radiologic examination, foot; two views	20.50	Active	Fixed/Per Unit	Purchase
73630	Radiologic examination, foot; complete, minimum of three views	32.92	Active	Fixed/Per Unit	Purchase
73630	Radiologic examination, foot; complete, minimum of three views	11.03	Active	Fixed/Per Unit	Purchase
73630	Radiologic examination, foot; complete, minimum of three views	21.89	Active	Fixed/Per Unit	Purchase
73650	Radiologic examination; calcaneus, minimum of two views	30.07	Active	Fixed/Per Unit	Purchase
73650	Radiologic examination; calcaneus, minimum of two views	10.26	Active	Fixed/Per Unit	Purchase
73650	Radiologic examination; calcaneus, minimum of two views	19.81	Active	Fixed/Per Unit	Purchase
73660	Radiologic examination; toe(s), minimum of two views	26.73	Active	Fixed/Per Unit	Purchase
73660	Radiologic examination; toe(s), minimum of two views	8.65	Active	Fixed/Per Unit	Purchase
73660	Radiologic examination; toe(s), minimum of two views	18.08	Active	Fixed/Per Unit	Purchase
73700	Computed tomography, lower extremity; without contrast material	283.75	Active	Fixed/Per Unit	Purchase
73700	Computed tomography, lower extremity; without contrast material	67.41	Active	Fixed/Per Unit	Purchase
73700	Computed tomography, lower extremity; without contrast material	216.34	Active	Fixed/Per Unit	Purchase
73701	Computed tomography, lower extremity; with contrast material(s)	331.26	Active	Fixed/Per Unit	Purchase
73701	Computed tomography, lower extremity; with contrast material(s)	71.06	Active	Fixed/Per Unit	Purchase
73701	Computed tomography, lower extremity; with contrast material(s)	260.20	Active	Fixed/Per Unit	Purchase
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	400.94	Active	Fixed/Per Unit	Purchase
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	74.29	Active	Fixed/Per Unit	Purchase
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	326.65	Active	Fixed/Per Unit	Purchase
73706	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	565.62	Active	Fixed/Per Unit	Purchase
73706	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	115.98	Active	Fixed/Per Unit	Purchase

73706	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	449.64	Active	Fixed/Per Unit	Purchase
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	540.89	Active	Fixed/Per Unit	Purchase
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	82.94	Active	Fixed/Per Unit	Purchase
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	457.95	Active	Fixed/Per Unit	Purchase
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	649.28	Active	Fixed/Per Unit	Purchase
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	99.25	Active	Fixed/Per Unit	Purchase
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	550.03	Active	Fixed/Per Unit	Purchase
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1,145.63	Active	Fixed/Per Unit	Purchase
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	132.86	Active	Fixed/Per Unit	Purchase
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1,012.77	Active	Fixed/Per Unit	Purchase
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	540.89	Active	Fixed/Per Unit	Purchase
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	82.94	Active	Fixed/Per Unit	Purchase
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	457.95	Active	Fixed/Per Unit	Purchase
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	649.28	Active	Fixed/Per Unit	Purchase
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	99.25	Active	Fixed/Per Unit	Purchase
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	550.03	Active	Fixed/Per Unit	Purchase
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	1,145.98	Active	Fixed/Per Unit	Purchase
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	133.21	Active	Fixed/Per Unit	Purchase
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	1,012.77	Active	Fixed/Per Unit	Purchase
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	605.19	Active	Fixed/Per Unit	Purchase
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	111.90	Active	Fixed/Per Unit	Purchase
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
74000	Radiologic examination, abdomen; single anteroposterior view	32.99	Active	Fixed/Per Unit	Purchase
74000	Radiologic examination, abdomen; single anteroposterior view	11.45	Active	Fixed/Per Unit	Purchase
74000	Radiologic examination, abdomen; single anteroposterior view	21.54	Active	Fixed/Per Unit	Purchase
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	41.07	Active	Fixed/Per Unit	Purchase
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	14.26	Active	Fixed/Per Unit	Purchase

74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	26.81	Active	Fixed/Per Unit	Purchase
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	44.84	Active	Fixed/Per Unit	Purchase
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	16.30	Active	Fixed/Per Unit	Purchase
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	28.54	Active	Fixed/Per Unit	Purchase
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	52.88	Active	Fixed/Per Unit	Purchase
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	18.76	Active	Fixed/Per Unit	Purchase
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	34.12	Active	Fixed/Per Unit	Purchase
74150	Computed tomography, abdomen; without contrast material	322.46	Active	Fixed/Per Unit	Purchase
74150	Computed tomography, abdomen; without contrast material	72.68	Active	Fixed/Per Unit	Purchase
74150	Computed tomography, abdomen; without contrast material	249.78	Active	Fixed/Per Unit	Purchase
74160	Computed tomography, abdomen; with contrast material(s)	380.13	Active	Fixed/Per Unit	Purchase
74160	Computed tomography, abdomen; with contrast material(s)	78.87	Active	Fixed/Per Unit	Purchase
74160	Computed tomography, abdomen; with contrast material(s)	301.26	Active	Fixed/Per Unit	Purchase
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	456.54	Active	Fixed/Per Unit	Purchase
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	85.75	Active	Fixed/Per Unit	Purchase
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	370.79	Active	Fixed/Per Unit	Purchase
74175	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	602.68	Active	Fixed/Per Unit	Purchase
74175	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	115.98	Active	Fixed/Per Unit	Purchase
74175	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	486.70	Active	Fixed/Per Unit	Purchase
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	557.53	Active	Fixed/Per Unit	Purchase
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	88.98	Active	Fixed/Per Unit	Purchase
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	468.55	Active	Fixed/Per Unit	Purchase
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	665.93	Active	Fixed/Per Unit	Purchase
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	107.06	Active	Fixed/Per Unit	Purchase
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	558.87	Active	Fixed/Per Unit	Purchase
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	1,165.80	Active	Fixed/Per Unit	Purchase

74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	138.90	Active	Fixed/Per Unit	Purchase
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	1,026.90	Active	Fixed/Per Unit	Purchase
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	604.00	Active	Fixed/Per Unit	Purchase
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	110.71	Active	Fixed/Per Unit	Purchase
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	493.29	Active	Fixed/Per Unit	Purchase
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	87.13	Active	Fixed/Per Unit	Purchase
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	29.38	Active	Fixed/Per Unit	Purchase
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	57.75	Active	Fixed/Per Unit	Purchase
74210	Radiologic examination; pharynx and/or cervical esophagus	74.73	Active	Fixed/Per Unit	Purchase
74210	Radiologic examination; pharynx and/or cervical esophagus	22.91	Active	Fixed/Per Unit	Purchase
74210	Radiologic examination; pharynx and/or cervical esophagus	51.82	Active	Fixed/Per Unit	Purchase
74220	Radiologic examination; esophagus	80.00	Active	Fixed/Per Unit	Purchase
74220	Radiologic examination; esophagus	28.18	Active	Fixed/Per Unit	Purchase
74220	Radiologic examination; esophagus	51.82	Active	Fixed/Per Unit	Purchase
74230	Swallowing function, with cineradiography/videoradiography	89.59	Active	Fixed/Per Unit	Purchase
74230	Swallowing function, with cineradiography/videoradiography	31.84	Active	Fixed/Per Unit	Purchase
74230	Swallowing function, with cineradiography/videoradiography	57.75	Active	Fixed/Per Unit	Purchase
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	72.68	Active	Fixed/Per Unit	Purchase
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	72.68	Active	Fixed/Per Unit	Purchase
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	107.16	Active	Fixed/Per Unit	Purchase
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	42.45	Active	Fixed/Per Unit	Purchase
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	64.71	Active	Fixed/Per Unit	Purchase
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	108.20	Active	Fixed/Per Unit	Purchase
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	42.45	Active	Fixed/Per Unit	Purchase
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	65.75	Active	Fixed/Per Unit	Purchase
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films	161.71	Active	Fixed/Per Unit	Purchase
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films	55.95	Active	Fixed/Per Unit	Purchase
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films	105.76	Active	Fixed/Per Unit	Purchase

74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB	116.93	Active	Fixed/Per Unit	Purchase
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB	42.45	Active	Fixed/Per Unit	Purchase
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB	74.48	Active	Fixed/Per Unit	Purchase
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB	120.08	Active	Fixed/Per Unit	Purchase
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB	42.45	Active	Fixed/Per Unit	Purchase
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB	77.63	Active	Fixed/Per Unit	Purchase
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	170.06	Active	Fixed/Per Unit	Purchase
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	55.95	Active	Fixed/Per Unit	Purchase
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	114.11	Active	Fixed/Per Unit	Purchase
74250	Radiologic examination, small intestine, includes multiple serial films;	86.36	Active	Fixed/Per Unit	Purchase
74250	Radiologic examination, small intestine, includes multiple serial films;	28.61	Active	Fixed/Per Unit	Purchase
74250	Radiologic examination, small intestine, includes multiple serial films;	57.75	Active	Fixed/Per Unit	Purchase
74251	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube	100.20	Active	Fixed/Per Unit	Purchase
74251	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube	42.45	Active	Fixed/Per Unit	Purchase
74251	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube	57.75	Active	Fixed/Per Unit	Purchase
74260	Duodenography, hypotonic	95.97	Active	Fixed/Per Unit	Purchase
74260	Duodenography, hypotonic	30.22	Active	Fixed/Per Unit	Purchase
74260	Duodenography, hypotonic	65.75	Active	Fixed/Per Unit	Purchase
74270	Radiologic examination, colon; barium enema, with or without KUB	120.77	Active	Fixed/Per Unit	Purchase
74270	Radiologic examination, colon; barium enema, with or without KUB	42.45	Active	Fixed/Per Unit	Purchase
74270	Radiologic examination, colon; barium enema, with or without KUB	78.32	Active	Fixed/Per Unit	Purchase
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	160.60	Active	Fixed/Per Unit	Purchase
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	60.03	Active	Fixed/Per Unit	Purchase

74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	100.57	Active	Fixed/Per Unit	Purchase
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	237.97	Active	Fixed/Per Unit	Purchase
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	124.21	Active	Fixed/Per Unit	Purchase
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	113.76	Active	Fixed/Per Unit	Purchase
74290	Cholecystography, oral contrast;	52.88	Active	Fixed/Per Unit	Purchase
74290	Cholecystography, oral contrast;	18.76	Active	Fixed/Per Unit	Purchase
74290	Cholecystography, oral contrast;	34.12	Active	Fixed/Per Unit	Purchase
74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	30.73	Active	Fixed/Per Unit	Purchase
74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	12.65	Active	Fixed/Per Unit	Purchase
74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	18.08	Active	Fixed/Per Unit	Purchase
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	22.91	Active	Fixed/Per Unit	Purchase
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	22.91	Active	Fixed/Per Unit	Purchase
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	13.07	Active	Fixed/Per Unit	Purchase
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	13.07	Active	Fixed/Per Unit	Purchase
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation	61.99	Active	Fixed/Per Unit	Purchase
74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation	26.14	Active	Fixed/Per Unit	Purchase
74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation	35.85	Active	Fixed/Per Unit	Purchase
74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation	172.12	Active	Fixed/Per Unit	Purchase
74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation	123.62	Active	Fixed/Per Unit	Purchase
74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation	42.87	Active	Fixed/Per Unit	Purchase
74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation	80.75	Active	Fixed/Per Unit	Purchase

74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	182.38	Active	Fixed/Per Unit	Purchase
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	42.87	Active	Fixed/Per Unit	Purchase
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	42.87	Active	Fixed/Per Unit	Purchase
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	42.87	Active	Fixed/Per Unit	Purchase
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	194.69	Active	Fixed/Per Unit	Purchase
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	55.18	Active	Fixed/Per Unit	Purchase
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation	148.45	Active	Fixed/Per Unit	Purchase
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation	115.84	Active	Fixed/Per Unit	Purchase
74350	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation	185.61	Active	Fixed/Per Unit	Purchase
74350	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation	46.10	Active	Fixed/Per Unit	Purchase
74350	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	161.94	Active	Fixed/Per Unit	Purchase
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	46.10	Active	Fixed/Per Unit	Purchase
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	115.84	Active	Fixed/Per Unit	Purchase
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	172.46	Active	Fixed/Per Unit	Purchase
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	32.95	Active	Fixed/Per Unit	Purchase
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	54.33	Active	Fixed/Per Unit	Purchase
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	54.33	Active	Fixed/Per Unit	Purchase
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	107.43	Active	Fixed/Per Unit	Purchase
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	29.80	Active	Fixed/Per Unit	Purchase
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	77.63	Active	Fixed/Per Unit	Purchase

74410	Urography, infusion, drip technique and/or bolus technique;	117.13	Active	Fixed/Per Unit	Purchase
74410	Urography, infusion, drip technique and/or bolus technique;	29.80	Active	Fixed/Per Unit	Purchase
74410	Urography, infusion, drip technique and/or bolus technique;	87.33	Active	Fixed/Per Unit	Purchase
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	124.79	Active	Fixed/Per Unit	Purchase
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	29.80	Active	Fixed/Per Unit	Purchase
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	94.99	Active	Fixed/Per Unit	Purchase
74420	Urography, retrograde, with or without KUB	138.75	Active	Fixed/Per Unit	Purchase
74420	Urography, retrograde, with or without KUB	22.91	Active	Fixed/Per Unit	Purchase
74420	Urography, retrograde, with or without KUB	115.84	Active	Fixed/Per Unit	Purchase
74425	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	80.66	Active	Fixed/Per Unit	Purchase
74425	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	22.91	Active	Fixed/Per Unit	Purchase
74425	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	57.75	Active	Fixed/Per Unit	Purchase
74430	Cystography, minimum of three views, radiological supervision and interpretation	67.50	Active	Fixed/Per Unit	Purchase
74430	Cystography, minimum of three views, radiological supervision and interpretation	20.53	Active	Fixed/Per Unit	Purchase
74430	Cystography, minimum of three views, radiological supervision and interpretation	46.97	Active	Fixed/Per Unit	Purchase
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	73.50	Active	Fixed/Per Unit	Purchase
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	23.76	Active	Fixed/Per Unit	Purchase
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	49.74	Active	Fixed/Per Unit	Purchase
74445	Corpora cavernosography, radiological supervision and interpretation	123.14	Active	Fixed/Per Unit	Purchase
74445	Corpora cavernosography, radiological supervision and interpretation	73.40	Active	Fixed/Per Unit	Purchase
74445	Corpora cavernosography, radiological supervision and interpretation	49.74	Active	Fixed/Per Unit	Purchase
74450	Urethrocystography, retrograde, radiological supervision and interpretation	86.01	Active	Fixed/Per Unit	Purchase
74450	Urethrocystography, retrograde, radiological supervision and interpretation	21.30	Active	Fixed/Per Unit	Purchase
74450	Urethrocystography, retrograde, radiological supervision and interpretation	64.71	Active	Fixed/Per Unit	Purchase
74455	Urethrocystography, voiding, radiological supervision and interpretation	93.70	Active	Fixed/Per Unit	Purchase
74455	Urethrocystography, voiding, radiological supervision and interpretation	21.30	Active	Fixed/Per Unit	Purchase
74455	Urethrocystography, voiding, radiological supervision and interpretation	72.40	Active	Fixed/Per Unit	Purchase
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	88.28	Active	Fixed/Per Unit	Purchase
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	55.67	Active	Fixed/Per Unit	Purchase

74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	212.82	Active	Fixed/Per Unit	Purchase
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	180.21	Active	Fixed/Per Unit	Purchase
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	212.82	Active	Fixed/Per Unit	Purchase
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	180.21	Active	Fixed/Per Unit	Purchase
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation	173.54	Active	Fixed/Per Unit	Purchase
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation	34.03	Active	Fixed/Per Unit	Purchase
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
74710	Pelvimetry, with or without placental localization	68.69	Active	Fixed/Per Unit	Purchase
74710	Pelvimetry, with or without placental localization	21.72	Active	Fixed/Per Unit	Purchase
74710	Pelvimetry, with or without placental localization	46.97	Active	Fixed/Per Unit	Purchase
74740	Hysterosalpingography, radiological supervision and interpretation	81.86	Active	Fixed/Per Unit	Purchase
74740	Hysterosalpingography, radiological supervision and interpretation	24.11	Active	Fixed/Per Unit	Purchase
74740	Hysterosalpingography, radiological supervision and interpretation	57.75	Active	Fixed/Per Unit	Purchase
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	38.03	Active	Fixed/Per Unit	Purchase
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	38.03	Active	Fixed/Per Unit	Purchase
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	103.51	Active	Fixed/Per Unit	Purchase
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	38.80	Active	Fixed/Per Unit	Purchase
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	64.71	Active	Fixed/Per Unit	Purchase
75552	Cardiac magnetic resonance imaging for morphology; without contrast material	591.69	Active	Fixed/Per Unit	Purchase
75552	Cardiac magnetic resonance imaging for morphology; without contrast material	98.40	Active	Fixed/Per Unit	Purchase
75552	Cardiac magnetic resonance imaging for morphology; without contrast material	493.29	Active	Fixed/Per Unit	Purchase
75553	Cardiac magnetic resonance imaging for morphology; with contrast material	612.77	Active	Fixed/Per Unit	Purchase
75553	Cardiac magnetic resonance imaging for morphology; with contrast material	119.48	Active	Fixed/Per Unit	Purchase
75553	Cardiac magnetic resonance imaging for morphology; with contrast material	493.29	Active	Fixed/Per Unit	Purchase
75554	Cardiac magnetic resonance imaging for function, with or without morphology; complete study	605.23	Active	Fixed/Per Unit	Purchase
75554	Cardiac magnetic resonance imaging for function, with or without morphology; complete study	111.94	Active	Fixed/Per Unit	Purchase

75554	Cardiac magnetic resonance imaging for function, with or without morphology; complete study	493.29	Active	Fixed/Per Unit	Purchase
75555	Cardiac magnetic resonance imaging for function, with or without morphology; limited study	601.43	Active	Fixed/Per Unit	Purchase
75555	Cardiac magnetic resonance imaging for function, with or without morphology; limited study	108.14	Active	Fixed/Per Unit	Purchase
75555	Cardiac magnetic resonance imaging for function, with or without morphology; limited study	493.29	Active	Fixed/Per Unit	Purchase
75556	Cardiac magnetic resonance imaging for velocity flow mapping	0.00	Active	Fixed/Per Unit	Purchase
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	583.58	Active	Fixed/Per Unit	Purchase
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	30.84	Active	Fixed/Per Unit	Purchase
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	623.65	Active	Fixed/Per Unit	Purchase
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	70.91	Active	Fixed/Per Unit	Purchase
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	624.72	Active	Fixed/Per Unit	Purchase
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	71.98	Active	Fixed/Per Unit	Purchase
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	694.44	Active	Fixed/Per Unit	Purchase
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	116.28	Active	Fixed/Per Unit	Purchase
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	578.16	Active	Fixed/Per Unit	Purchase
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	770.13	Active	Fixed/Per Unit	Purchase
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	148.32	Active	Fixed/Per Unit	Purchase
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing	621.81	Active	Fixed/Per Unit	Purchase
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	645.11	Active	Fixed/Per Unit	Purchase
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	92.37	Active	Fixed/Per Unit	Purchase
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	636.80	Active	Fixed/Per Unit	Purchase
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	84.06	Active	Fixed/Per Unit	Purchase

75658	Angiography, brachial, retrograde, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	633.99	Active	Fixed/Per Unit	Purchase
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	81.25	Active	Fixed/Per Unit	Purchase
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	653.99	Active	Fixed/Per Unit	Purchase
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	101.25	Active	Fixed/Per Unit	Purchase
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	639.29	Active	Fixed/Per Unit	Purchase
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	86.55	Active	Fixed/Per Unit	Purchase
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	654.37	Active	Fixed/Per Unit	Purchase
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	101.63	Active	Fixed/Per Unit	Purchase
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	635.76	Active	Fixed/Per Unit	Purchase
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	83.02	Active	Fixed/Per Unit	Purchase
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	654.37	Active	Fixed/Per Unit	Purchase
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	101.63	Active	Fixed/Per Unit	Purchase
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	633.65	Active	Fixed/Per Unit	Purchase
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	80.91	Active	Fixed/Per Unit	Purchase
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75705	Angiography, spinal, selective, radiological supervision and interpretation	693.21	Active	Fixed/Per Unit	Purchase
75705	Angiography, spinal, selective, radiological supervision and interpretation	140.47	Active	Fixed/Per Unit	Purchase
75705	Angiography, spinal, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	626.84	Active	Fixed/Per Unit	Purchase
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	74.10	Active	Fixed/Per Unit	Purchase
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	635.41	Active	Fixed/Per Unit	Purchase
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	82.67	Active	Fixed/Per Unit	Purchase
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase

75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	623.65	Active	Fixed/Per Unit	Purchase
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	70.91	Active	Fixed/Per Unit	Purchase
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	644.00	Active	Fixed/Per Unit	Purchase
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	91.26	Active	Fixed/Per Unit	Purchase
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75726	Angiography, visceral, selective or supraseductive, (with or without flush aortogram), radiological supervision and interpretation	622.61	Active	Fixed/Per Unit	Purchase
75726	Angiography, visceral, selective or supraseductive, (with or without flush aortogram), radiological supervision and interpretation	69.87	Active	Fixed/Per Unit	Purchase
75726	Angiography, visceral, selective or supraseductive, (with or without flush aortogram), radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	624.38	Active	Fixed/Per Unit	Purchase
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	71.64	Active	Fixed/Per Unit	Purchase
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	633.99	Active	Fixed/Per Unit	Purchase
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	81.25	Active	Fixed/Per Unit	Purchase
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	624.72	Active	Fixed/Per Unit	Purchase
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	71.98	Active	Fixed/Per Unit	Purchase
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	633.65	Active	Fixed/Per Unit	Purchase
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	80.91	Active	Fixed/Per Unit	Purchase
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	654.03	Active	Fixed/Per Unit	Purchase
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	101.29	Active	Fixed/Per Unit	Purchase
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	622.96	Active	Fixed/Per Unit	Purchase
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	70.22	Active	Fixed/Per Unit	Purchase
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75756	Angiography, internal mammary, radiological supervision and interpretation	623.61	Active	Fixed/Per Unit	Purchase

75756	Angiography, internal mammary, radiological supervision and interpretation	70.87	Active	Fixed/Per Unit	Purchase
75756	Angiography, internal mammary, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	575.65	Active	Fixed/Per Unit	Purchase
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	22.91	Active	Fixed/Per Unit	Purchase
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	552.74	Active	Fixed/Per Unit	Purchase
75790	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation	175.41	Active	Fixed/Per Unit	Purchase
75790	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation	114.51	Active	Fixed/Per Unit	Purchase
75790	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation	60.90	Active	Fixed/Per Unit	Purchase
75801	Lymphangiography, extremity only, unilateral, radiologica supervision and interpretation	297.10	Active	Fixed/Per Unit	Purchase
75801	Lymphangiography, extremity only, unilateral, radiologica supervision and interpretation	57.75	Active	Fixed/Per Unit	Purchase
75801	Lymphangiography, extremity only, unilateral, radiologica supervision and interpretation	239.35	Active	Fixed/Per Unit	Purchase
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	310.83	Active	Fixed/Per Unit	Purchase
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	71.48	Active	Fixed/Per Unit	Purchase
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	239.35	Active	Fixed/Per Unit	Purchase
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	322.77	Active	Fixed/Per Unit	Purchase
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	52.45	Active	Fixed/Per Unit	Purchase
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	270.32	Active	Fixed/Per Unit	Purchase
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	71.48	Active	Fixed/Per Unit	Purchase
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	71.48	Active	Fixed/Per Unit	Purchase
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	64.46	Active	Fixed/Per Unit	Purchase
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	28.61	Active	Fixed/Per Unit	Purchase
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	35.85	Active	Fixed/Per Unit	Purchase
75810	Splenoportography, radiological supervision and interpretation	622.61	Active	Fixed/Per Unit	Purchase
75810	Splenoportography, radiological supervision and interpretation	69.87	Active	Fixed/Per Unit	Purchase

75810	Splenoportography, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75820	Venography, extremity, unilateral, radiological supervision and interpretation	86.38	Active	Fixed/Per Unit	Purchase
75820	Venography, extremity, unilateral, radiological supervision and interpretation	42.87	Active	Fixed/Per Unit	Purchase
75820	Venography, extremity, unilateral, radiological supervision and interpretation	43.51	Active	Fixed/Per Unit	Purchase
75822	Venography, extremity, bilateral, radiological supervision and interpretation	131.19	Active	Fixed/Per Unit	Purchase
75822	Venography, extremity, bilateral, radiological supervision and interpretation	65.79	Active	Fixed/Per Unit	Purchase
75822	Venography, extremity, bilateral, radiological supervision and interpretation	65.40	Active	Fixed/Per Unit	Purchase
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	626.14	Active	Fixed/Per Unit	Purchase
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	73.40	Active	Fixed/Per Unit	Purchase
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	622.61	Active	Fixed/Per Unit	Purchase
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	69.87	Active	Fixed/Per Unit	Purchase
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	624.38	Active	Fixed/Per Unit	Purchase
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	71.64	Active	Fixed/Per Unit	Purchase
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	648.64	Active	Fixed/Per Unit	Purchase
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	95.90	Active	Fixed/Per Unit	Purchase
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	626.49	Active	Fixed/Per Unit	Purchase
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	73.75	Active	Fixed/Per Unit	Purchase
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	644.76	Active	Fixed/Per Unit	Purchase
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	92.02	Active	Fixed/Per Unit	Purchase
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	621.54	Active	Fixed/Per Unit	Purchase
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	68.80	Active	Fixed/Per Unit	Purchase
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	623.30	Active	Fixed/Per Unit	Purchase
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	70.56	Active	Fixed/Per Unit	Purchase

75870	Venography, superior sagittal sinus, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75872	Venography, epidural, radiological supervision and interpretation	638.51	Active	Fixed/Per Unit	Purchase
75872	Venography, epidural, radiological supervision and interpretation	85.77	Active	Fixed/Per Unit	Purchase
75872	Venography, epidural, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75880	Venography, orbital, radiological supervision and interpretation	86.38	Active	Fixed/Per Unit	Purchase
75880	Venography, orbital, radiological supervision and interpretation	42.87	Active	Fixed/Per Unit	Purchase
75880	Venography, orbital, radiological supervision and interpretation	43.51	Active	Fixed/Per Unit	Purchase
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	640.53	Active	Fixed/Per Unit	Purchase
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	87.79	Active	Fixed/Per Unit	Purchase
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	640.53	Active	Fixed/Per Unit	Purchase
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	87.79	Active	Fixed/Per Unit	Purchase
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	622.61	Active	Fixed/Per Unit	Purchase
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	69.87	Active	Fixed/Per Unit	Purchase
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	622.61	Active	Fixed/Per Unit	Purchase
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	69.87	Active	Fixed/Per Unit	Purchase
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	585.35	Active	Fixed/Per Unit	Purchase
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	1,147.20	Active	Fixed/Per Unit	Purchase
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	84.44	Active	Fixed/Per Unit	Purchase
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	1,062.76	Active	Fixed/Per Unit	Purchase

75896	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation	1,003.43	Active	Fixed/Per Unit	Purchase
75896	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation	79.83	Active	Fixed/Per Unit	Purchase
75896	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation	923.60	Active	Fixed/Per Unit	Purchase
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	148.18	Active	Fixed/Per Unit	Purchase
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	101.21	Active	Fixed/Per Unit	Purchase
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	46.97	Active	Fixed/Per Unit	Purchase
75900	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	31.57	Active	Fixed/Per Unit	Purchase
75900	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	31.57	Active	Fixed/Per Unit	Purchase
75900	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	221.83	Active	Fixed/Per Unit	Purchase
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	29.80	Active	Fixed/Per Unit	Purchase
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	192.03	Active	Fixed/Per Unit	Purchase
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	216.56	Active	Fixed/Per Unit	Purchase
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	24.53	Active	Fixed/Per Unit	Purchase
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	192.03	Active	Fixed/Per Unit	Purchase
75940	Percutaneous placement of IVC filter, radiological supervision and interpretation	588.88	Active	Fixed/Per Unit	Purchase
75940	Percutaneous placement of IVC filter, radiological supervision and interpretation	36.14	Active	Fixed/Per Unit	Purchase
75940	Percutaneous placement of IVC filter, radiological supervision and interpretation	552.74	Active	Fixed/Per Unit	Purchase
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	229.55	Active	Fixed/Per Unit	Purchase
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	28.83	Active	Fixed/Per Unit	Purchase
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	200.72	Active	Fixed/Per Unit	Purchase
75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	30.60	Active	Fixed/Per Unit	Purchase

75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	30.60	Active	Fixed/Per Unit	Purchase
75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	317.51	Active	Fixed/Per Unit	Purchase
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	317.51	Active	Fixed/Per Unit	Purchase
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	96.08	Active	Fixed/Per Unit	Purchase
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	96.08	Active	Fixed/Per Unit	Purchase
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation	148.69	Active	Fixed/Per Unit	Purchase
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation	148.69	Active	Fixed/Per Unit	Purchase
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	511.89	Active	Fixed/Per Unit	Purchase
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	511.89	Active	Fixed/Per Unit	Purchase
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase

75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	438.41	Active	Fixed/Per Unit	Purchase
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	438.41	Active	Fixed/Per Unit	Purchase
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	255.23	Active	Fixed/Per Unit	Purchase
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	255.23	Active	Fixed/Per Unit	Purchase
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75960	Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel	706.84	Active	Fixed/Per Unit	Purchase
75960	Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel	53.22	Active	Fixed/Per Unit	Purchase
75960	Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel	653.62	Active	Fixed/Per Unit	Purchase
75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	721.27	Active	Fixed/Per Unit	Purchase

75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	259.30	Active	Fixed/Per Unit	Purchase
75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	461.97	Active	Fixed/Per Unit	Purchase
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	728.04	Active	Fixed/Per Unit	Purchase
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	34.37	Active	Fixed/Per Unit	Purchase
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	693.67	Active	Fixed/Per Unit	Purchase
75964	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	392.00	Active	Fixed/Per Unit	Purchase
75964	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	24.68	Active	Fixed/Per Unit	Purchase
75964	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	367.32	Active	Fixed/Per Unit	Purchase
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	775.62	Active	Fixed/Per Unit	Purchase
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	81.95	Active	Fixed/Per Unit	Purchase
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	693.67	Active	Fixed/Per Unit	Purchase
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	390.58	Active	Fixed/Per Unit	Purchase
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	23.26	Active	Fixed/Per Unit	Purchase
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	367.32	Active	Fixed/Per Unit	Purchase
75970	Transcatheter biopsy, radiological supervision and interpretation	558.70	Active	Fixed/Per Unit	Purchase
75970	Transcatheter biopsy, radiological supervision and interpretation	51.87	Active	Fixed/Per Unit	Purchase
75970	Transcatheter biopsy, radiological supervision and interpretation	506.83	Active	Fixed/Per Unit	Purchase
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	726.28	Active	Fixed/Per Unit	Purchase
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	693.67	Active	Fixed/Per Unit	Purchase
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	327.14	Active	Fixed/Per Unit	Purchase
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	87.79	Active	Fixed/Per Unit	Purchase
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	239.35	Active	Fixed/Per Unit	Purchase
75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	87.79	Active	Fixed/Per Unit	Purchase

75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	87.79	Active	Fixed/Per Unit	Purchase
75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation	131.05	Active	Fixed/Per Unit	Purchase
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation	43.72	Active	Fixed/Per Unit	Purchase
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation	87.33	Active	Fixed/Per Unit	Purchase
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	212.19	Active	Fixed/Per Unit	Purchase
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	72.68	Active	Fixed/Per Unit	Purchase
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	139.51	Active	Fixed/Per Unit	Purchase
75992	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation	728.39	Active	Fixed/Per Unit	Purchase
75992	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation	34.72	Active	Fixed/Per Unit	Purchase
75992	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation	693.67	Active	Fixed/Per Unit	Purchase
75993	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	23.26	Active	Fixed/Per Unit	Purchase
75993	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	23.26	Active	Fixed/Per Unit	Purchase
75993	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
75994	Transluminal atherectomy, renal, radiological supervision and interpretation	83.71	Active	Fixed/Per Unit	Purchase
75994	Transluminal atherectomy, renal, radiological supervision and interpretation	83.71	Active	Fixed/Per Unit	Purchase
75994	Transluminal atherectomy, renal, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase
75995	Transluminal atherectomy, visceral, radiological supervision and interpretation	80.52	Active	Fixed/Per Unit	Purchase
75995	Transluminal atherectomy, visceral, radiological supervision and interpretation	80.52	Active	Fixed/Per Unit	Purchase
75995	Transluminal atherectomy, visceral, radiological supervision and interpretation	0.00	Active	Fixed/Per Unit	Purchase

75996	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	22.91	Active	Fixed/Per Unit	Purchase
75996	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	22.91	Active	Fixed/Per Unit	Purchase
75996	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	0.00	Active	Fixed/Per Unit	Purchase
75998	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	85.39	Active	Fixed/Per Unit	Purchase
75998	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	22.34	Active	Fixed/Per Unit	Purchase
75998	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	63.05	Active	Fixed/Per Unit	Purchase
76000	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	68.44	Active	Fixed/Per Unit	Purchase
76000	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	10.69	Active	Fixed/Per Unit	Purchase
76000	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	57.75	Active	Fixed/Per Unit	Purchase
76001	Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	160.63	Active	Fixed/Per Unit	Purchase
76001	Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	44.79	Active	Fixed/Per Unit	Purchase
76001	Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	115.84	Active	Fixed/Per Unit	Purchase
76003	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	90.01	Active	Fixed/Per Unit	Purchase
76003	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	32.26	Active	Fixed/Per Unit	Purchase
76003	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	57.75	Active	Fixed/Per Unit	Purchase

76005	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction	93.62	Active	Fixed/Per Unit	Purchase
76005	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction	35.87	Active	Fixed/Per Unit	Purchase
76005	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction	57.75	Active	Fixed/Per Unit	Purchase
76006	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated	34.17	Active	Fixed/Per Unit	Purchase
76010	Radiologic examination from nose to rectum for foreign body, single view, child	32.99	Active	Fixed/Per Unit	Purchase
76010	Radiologic examination from nose to rectum for foreign body, single view, child	11.45	Active	Fixed/Per Unit	Purchase
76010	Radiologic examination from nose to rectum for foreign body, single view, child	21.54	Active	Fixed/Per Unit	Purchase
76012	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance	89.36	Active	Fixed/Per Unit	Purchase
76012	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance	89.36	Active	Fixed/Per Unit	Purchase
76012	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance	0.00	Active	Fixed/Per Unit	Purchase
76013	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance	87.37	Active	Fixed/Per Unit	Purchase
76013	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance	87.37	Active	Fixed/Per Unit	Purchase
76013	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance	0.00	Active	Fixed/Per Unit	Purchase
76020	Bone age studies	33.42	Active	Fixed/Per Unit	Purchase
76020	Bone age studies	11.88	Active	Fixed/Per Unit	Purchase
76020	Bone age studies	21.54	Active	Fixed/Per Unit	Purchase
76040	Bone length studies (orthoroentgenogram, scanogram)	52.15	Active	Fixed/Per Unit	Purchase
76040	Bone length studies (orthoroentgenogram, scanogram)	16.30	Active	Fixed/Per Unit	Purchase
76040	Bone length studies (orthoroentgenogram, scanogram)	35.85	Active	Fixed/Per Unit	Purchase
76061	Radiologic examination, osseous survey; limited (eg, for metastases)	73.00	Active	Fixed/Per Unit	Purchase
76061	Radiologic examination, osseous survey; limited (eg, for metastases)	27.76	Active	Fixed/Per Unit	Purchase

76061	Radiologic examination, osseous survey; limited (eg, for metastases)	45.24	Active	Fixed/Per Unit	Purchase
76062	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	96.63	Active	Fixed/Per Unit	Purchase
76062	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	32.61	Active	Fixed/Per Unit	Purchase
76062	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	64.02	Active	Fixed/Per Unit	Purchase
76065	Radiologic examination, osseous survey, infant	76.99	Active	Fixed/Per Unit	Purchase
76065	Radiologic examination, osseous survey, infant	42.87	Active	Fixed/Per Unit	Purchase
76065	Radiologic examination, osseous survey, infant	34.12	Active	Fixed/Per Unit	Purchase
76066	Joint survey, single view, two or more joints (specify)	69.16	Active	Fixed/Per Unit	Purchase
76066	Joint survey, single view, two or more joints (specify)	20.11	Active	Fixed/Per Unit	Purchase
76066	Joint survey, single view, two or more joints (specify)	49.05	Active	Fixed/Per Unit	Purchase
76070	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	145.92	Active	Fixed/Per Unit	Purchase
76070	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	15.11	Active	Fixed/Per Unit	Purchase
76070	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	130.81	Active	Fixed/Per Unit	Purchase
76071	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	124.86	Active	Fixed/Per Unit	Purchase
76071	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	13.49	Active	Fixed/Per Unit	Purchase
76071	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	111.37	Active	Fixed/Per Unit	Purchase
76075	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	155.35	Active	Fixed/Per Unit	Purchase
76075	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	17.92	Active	Fixed/Per Unit	Purchase
76075	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	137.43	Active	Fixed/Per Unit	Purchase
76076	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	48.65	Active	Fixed/Per Unit	Purchase
76076	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	13.84	Active	Fixed/Per Unit	Purchase
76076	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	34.81	Active	Fixed/Per Unit	Purchase
76077	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment	45.84	Active	Fixed/Per Unit	Purchase
76077	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment	11.03	Active	Fixed/Per Unit	Purchase
76077	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment	34.81	Active	Fixed/Per Unit	Purchase
76078	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites	47.46	Active	Fixed/Per Unit	Purchase
76078	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites	12.65	Active	Fixed/Per Unit	Purchase
76078	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites	34.81	Active	Fixed/Per Unit	Purchase
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	79.58	Active	Fixed/Per Unit	Purchase

76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	32.61	Active	Fixed/Per Unit	Purchase
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	46.97	Active	Fixed/Per Unit	Purchase
76082	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	21.30	Active	Fixed/Per Unit	Purchase
76082	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	4.99	Active	Fixed/Per Unit	Purchase
76082	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	16.31	Active	Fixed/Per Unit	Purchase
76083	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	21.30	Active	Fixed/Per Unit	Purchase
76083	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	4.99	Active	Fixed/Per Unit	Purchase
76083	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	16.31	Active	Fixed/Per Unit	Purchase
76086	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	138.75	Active	Fixed/Per Unit	Purchase
76086	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	22.91	Active	Fixed/Per Unit	Purchase
76086	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	115.84	Active	Fixed/Per Unit	Purchase
76088	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	188.47	Active	Fixed/Per Unit	Purchase
76088	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	27.76	Active	Fixed/Per Unit	Purchase
76088	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	160.71	Active	Fixed/Per Unit	Purchase
76090	Mammography; unilateral	89.84	Active	Fixed/Per Unit	Purchase
76090	Mammography; unilateral	42.87	Active	Fixed/Per Unit	Purchase
76090	Mammography; unilateral	46.97	Active	Fixed/Per Unit	Purchase
76091	Mammography; bilateral	111.31	Active	Fixed/Per Unit	Purchase
76091	Mammography; bilateral	53.56	Active	Fixed/Per Unit	Purchase
76091	Mammography; bilateral	57.75	Active	Fixed/Per Unit	Purchase
76092	Screening mammography, bilateral (two view film study of each breast)	97.84	Active	Fixed/Per Unit	Purchase

76092	Screening mammography, bilateral (two view film study of each breast)	42.87	Active	Fixed/Per Unit	Purchase
76092	Screening mammography, bilateral (two view film study of each breast)	54.97	Active	Fixed/Per Unit	Purchase
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	874.37	Active	Fixed/Per Unit	Purchase
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	99.67	Active	Fixed/Per Unit	Purchase
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	774.70	Active	Fixed/Per Unit	Purchase
76094	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	1,149.51	Active	Fixed/Per Unit	Purchase
76094	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	99.67	Active	Fixed/Per Unit	Purchase
76094	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	1,049.84	Active	Fixed/Per Unit	Purchase
76095	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	415.28	Active	Fixed/Per Unit	Purchase
76095	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	101.17	Active	Fixed/Per Unit	Purchase
76095	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	314.11	Active	Fixed/Per Unit	Purchase
76096	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	91.20	Active	Fixed/Per Unit	Purchase
76096	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	33.45	Active	Fixed/Per Unit	Purchase
76096	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	57.75	Active	Fixed/Per Unit	Purchase
76098	Radiological examination, surgical specimen	28.34	Active	Fixed/Per Unit	Purchase
76098	Radiological examination, surgical specimen	10.26	Active	Fixed/Per Unit	Purchase
76098	Radiological examination, surgical specimen	18.08	Active	Fixed/Per Unit	Purchase
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	92.08	Active	Fixed/Per Unit	Purchase
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	36.41	Active	Fixed/Per Unit	Purchase
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	55.67	Active	Fixed/Per Unit	Purchase
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	99.73	Active	Fixed/Per Unit	Purchase
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	36.41	Active	Fixed/Per Unit	Purchase
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	63.32	Active	Fixed/Per Unit	Purchase
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	116.12	Active	Fixed/Per Unit	Purchase
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	36.41	Active	Fixed/Per Unit	Purchase

76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	79.71	Active	Fixed/Per Unit	Purchase
76120	Cineradiography/videoradiography, except where specifically included	71.08	Active	Fixed/Per Unit	Purchase
76120	Cineradiography/videoradiography, except where specifically included	24.11	Active	Fixed/Per Unit	Purchase
76120	Cineradiography/videoradiography, except where specifically included	46.97	Active	Fixed/Per Unit	Purchase
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	52.15	Active	Fixed/Per Unit	Purchase
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	16.30	Active	Fixed/Per Unit	Purchase
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	35.85	Active	Fixed/Per Unit	Purchase
76140	Consultation on X-ray examination made elsewhere, written report	0.00	Active	Fixed/Per Unit	Purchase
76150	Xeroradiography	18.08	Active	Fixed/Per Unit	Purchase
76350	Subtraction in conjunction with contrast studies	0.00	Active	Fixed/Per Unit	Purchase
76355	Computed tomography guidance for stereotactic localization	434.92	Active	Fixed/Per Unit	Purchase
76355	Computed tomography guidance for stereotactic localization	73.87	Active	Fixed/Per Unit	Purchase
76355	Computed tomography guidance for stereotactic localization	361.05	Active	Fixed/Per Unit	Purchase
76360	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	432.11	Active	Fixed/Per Unit	Purchase
76360	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	71.06	Active	Fixed/Per Unit	Purchase
76360	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	361.05	Active	Fixed/Per Unit	Purchase
76362	Computed tomography guidance for, and monitoring of, visceral tissue ablation	790.41	Active	Fixed/Per Unit	Purchase
76362	Computed tomography guidance for, and monitoring of, visceral tissue ablation	245.61	Active	Fixed/Per Unit	Purchase
76362	Computed tomography guidance for, and monitoring of, visceral tissue ablation	544.80	Active	Fixed/Per Unit	Purchase
76370	Computed tomography guidance for placement of radiation therapy fields	183.53	Active	Fixed/Per Unit	Purchase
76370	Computed tomography guidance for placement of radiation therapy fields	52.72	Active	Fixed/Per Unit	Purchase
76370	Computed tomography guidance for placement of radiation therapy fields	130.81	Active	Fixed/Per Unit	Purchase
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation	147.37	Active	Fixed/Per Unit	Purchase
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation	14.41	Active	Fixed/Per Unit	Purchase
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation	132.96	Active	Fixed/Per Unit	Purchase

76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	230.49	Active	Fixed/Per Unit	Purchase
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	56.90	Active	Fixed/Per Unit	Purchase
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	173.59	Active	Fixed/Per Unit	Purchase
76380	Computed tomography, limited or localized follow-up study	213.00	Active	Fixed/Per Unit	Purchase
76380	Computed tomography, limited or localized follow-up study	59.60	Active	Fixed/Per Unit	Purchase
76380	Computed tomography, limited or localized follow-up study	153.40	Active	Fixed/Per Unit	Purchase
76390	Magnetic resonance spectroscopy	574.57	Active	Fixed/Per Unit	Purchase
76390	Magnetic resonance spectroscopy	87.87	Active	Fixed/Per Unit	Purchase
76390	Magnetic resonance spectroscopy	486.70	Active	Fixed/Per Unit	Purchase
76393	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	582.89	Active	Fixed/Per Unit	Purchase
76393	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	96.67	Active	Fixed/Per Unit	Purchase
76393	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	486.22	Active	Fixed/Per Unit	Purchase
76394	Magnetic resonance guidance for, and monitoring of, visceral tissue ablation	936.00	Active	Fixed/Per Unit	Purchase
76394	Magnetic resonance guidance for, and monitoring of, visceral tissue ablation	269.56	Active	Fixed/Per Unit	Purchase
76394	Magnetic resonance guidance for, and monitoring of, visceral tissue ablation	666.44	Active	Fixed/Per Unit	Purchase
76400	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	591.35	Active	Fixed/Per Unit	Purchase
76400	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	98.06	Active	Fixed/Per Unit	Purchase
76400	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	493.29	Active	Fixed/Per Unit	Purchase
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase

76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76499	Unlisted diagnostic radiographic procedure	0.00	Active	Fixed/Per Unit	Purchase
76499	Unlisted diagnostic radiographic procedure	0.00	Active	Fixed/Per Unit	Purchase
76499	Unlisted diagnostic radiographic procedure	0.00	Active	Fixed/Per Unit	Purchase
76506	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	108.88	Active	Fixed/Per Unit	Purchase
76506	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	45.56	Active	Fixed/Per Unit	Purchase
76506	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	63.32	Active	Fixed/Per Unit	Purchase
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	182.65	Active	Fixed/Per Unit	Purchase
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	94.42	Active	Fixed/Per Unit	Purchase
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	88.23	Active	Fixed/Per Unit	Purchase
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	141.95	Active	Fixed/Per Unit	Purchase
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	58.91	Active	Fixed/Per Unit	Purchase
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	83.04	Active	Fixed/Per Unit	Purchase
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	138.55	Active	Fixed/Per Unit	Purchase
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	57.84	Active	Fixed/Per Unit	Purchase
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	80.71	Active	Fixed/Per Unit	Purchase
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	111.81	Active	Fixed/Per Unit	Purchase
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	41.49	Active	Fixed/Per Unit	Purchase
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	70.32	Active	Fixed/Per Unit	Purchase
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	15.21	Active	Fixed/Per Unit	Purchase
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	11.72	Active	Fixed/Per Unit	Purchase
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	3.49	Active	Fixed/Per Unit	Purchase
76516	Ophthalmic biometry by ultrasound echography, A-scan;	87.55	Active	Fixed/Per Unit	Purchase
76516	Ophthalmic biometry by ultrasound echography, A-scan;	32.92	Active	Fixed/Per Unit	Purchase

76516	Ophthalmic biometry by ultrasound echography, A-scan;	54.63	Active	Fixed/Per Unit	Purchase
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	90.67	Active	Fixed/Per Unit	Purchase
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	32.92	Active	Fixed/Per Unit	Purchase
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	57.75	Active	Fixed/Per Unit	Purchase
76529	Ophthalmic ultrasonic foreign body localization	89.23	Active	Fixed/Per Unit	Purchase
76529	Ophthalmic ultrasonic foreign body localization	35.95	Active	Fixed/Per Unit	Purchase
76529	Ophthalmic ultrasonic foreign body localization	53.28	Active	Fixed/Per Unit	Purchase
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation	96.77	Active	Fixed/Per Unit	Purchase
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation	33.45	Active	Fixed/Per Unit	Purchase
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation	63.32	Active	Fixed/Per Unit	Purchase
76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	90.78	Active	Fixed/Per Unit	Purchase
76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	33.03	Active	Fixed/Per Unit	Purchase
76604	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation	57.75	Active	Fixed/Per Unit	Purchase
76645	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	79.58	Active	Fixed/Per Unit	Purchase
76645	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	32.61	Active	Fixed/Per Unit	Purchase
76645	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	46.97	Active	Fixed/Per Unit	Purchase
76700	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete	138.70	Active	Fixed/Per Unit	Purchase
76700	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete	50.68	Active	Fixed/Per Unit	Purchase
76700	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete	88.02	Active	Fixed/Per Unit	Purchase
76705	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)	100.15	Active	Fixed/Per Unit	Purchase
76705	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)	36.83	Active	Fixed/Per Unit	Purchase
76705	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)	63.32	Active	Fixed/Per Unit	Purchase
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete	132.93	Active	Fixed/Per Unit	Purchase
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete	44.91	Active	Fixed/Per Unit	Purchase
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete	88.02	Active	Fixed/Per Unit	Purchase
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited	99.73	Active	Fixed/Per Unit	Purchase
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited	36.41	Active	Fixed/Per Unit	Purchase

76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited	63.32	Active	Fixed/Per Unit	Purchase
76778	Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study	132.93	Active	Fixed/Per Unit	Purchase
76778	Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study	44.91	Active	Fixed/Per Unit	Purchase
76778	Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study	88.02	Active	Fixed/Per Unit	Purchase
76800	Ultrasound, spinal canal and contents	131.73	Active	Fixed/Per Unit	Purchase
76800	Ultrasound, spinal canal and contents	68.41	Active	Fixed/Per Unit	Purchase
76800	Ultrasound, spinal canal and contents	63.32	Active	Fixed/Per Unit	Purchase
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation	155.02	Active	Fixed/Per Unit	Purchase
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation	60.72	Active	Fixed/Per Unit	Purchase
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation	94.30	Active	Fixed/Per Unit	Purchase
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	109.79	Active	Fixed/Per Unit	Purchase
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	52.22	Active	Fixed/Per Unit	Purchase
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	57.57	Active	Fixed/Per Unit	Purchase
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	155.02	Active	Fixed/Per Unit	Purchase
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	60.72	Active	Fixed/Per Unit	Purchase
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	94.30	Active	Fixed/Per Unit	Purchase
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	135.54	Active	Fixed/Per Unit	Purchase

76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	60.30	Active	Fixed/Per Unit	Purchase
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	75.24	Active	Fixed/Per Unit	Purchase
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	319.47	Active	Fixed/Per Unit	Purchase
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	120.86	Active	Fixed/Per Unit	Purchase
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	198.61	Active	Fixed/Per Unit	Purchase
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	221.10	Active	Fixed/Per Unit	Purchase
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	112.29	Active	Fixed/Per Unit	Purchase
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	108.81	Active	Fixed/Per Unit	Purchase
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	104.08	Active	Fixed/Per Unit	Purchase
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	40.76	Active	Fixed/Per Unit	Purchase
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	63.32	Active	Fixed/Per Unit	Purchase
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	103.15	Active	Fixed/Per Unit	Purchase
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	54.10	Active	Fixed/Per Unit	Purchase

76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	49.05	Active	Fixed/Per Unit	Purchase
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	109.28	Active	Fixed/Per Unit	Purchase
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	46.03	Active	Fixed/Per Unit	Purchase
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	63.25	Active	Fixed/Per Unit	Purchase
76818	Fetal biophysical profile; with non-stress testing	140.20	Active	Fixed/Per Unit	Purchase
76818	Fetal biophysical profile; with non-stress testing	66.76	Active	Fixed/Per Unit	Purchase
76818	Fetal biophysical profile; with non-stress testing	73.44	Active	Fixed/Per Unit	Purchase
76819	Fetal biophysical profile; without non-stress testing	121.01	Active	Fixed/Per Unit	Purchase
76819	Fetal biophysical profile; without non-stress testing	47.57	Active	Fixed/Per Unit	Purchase
76819	Fetal biophysical profile; without non-stress testing	73.44	Active	Fixed/Per Unit	Purchase
76820	Doppler velocimetry, fetal; umbilical artery	110.00	Active	Fixed/Per Unit	Purchase
76820	Doppler velocimetry, fetal; umbilical artery	33.03	Active	Fixed/Per Unit	Purchase
76820	Doppler velocimetry, fetal; umbilical artery	76.97	Active	Fixed/Per Unit	Purchase
76821	Doppler velocimetry, fetal; middle cerebral artery	121.23	Active	Fixed/Per Unit	Purchase
76821	Doppler velocimetry, fetal; middle cerebral artery	44.26	Active	Fixed/Per Unit	Purchase
76821	Doppler velocimetry, fetal; middle cerebral artery	76.97	Active	Fixed/Per Unit	Purchase
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	191.81	Active	Fixed/Per Unit	Purchase
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	103.79	Active	Fixed/Per Unit	Purchase
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	88.02	Active	Fixed/Per Unit	Purchase
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	83.88	Active	Fixed/Per Unit	Purchase
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	50.45	Active	Fixed/Per Unit	Purchase
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	33.43	Active	Fixed/Per Unit	Purchase
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	116.12	Active	Fixed/Per Unit	Purchase
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	35.34	Active	Fixed/Per Unit	Purchase
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	80.78	Active	Fixed/Per Unit	Purchase
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	89.19	Active	Fixed/Per Unit	Purchase
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	36.61	Active	Fixed/Per Unit	Purchase
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	52.58	Active	Fixed/Per Unit	Purchase
76830	Ultrasound, transvaginal	112.77	Active	Fixed/Per Unit	Purchase
76830	Ultrasound, transvaginal	42.45	Active	Fixed/Per Unit	Purchase

76830	Ultrasound, transvaginal	70.32	Active	Fixed/Per Unit	Purchase
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	114.73	Active	Fixed/Per Unit	Purchase
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	44.41	Active	Fixed/Per Unit	Purchase
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	70.32	Active	Fixed/Per Unit	Purchase
76856	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete	112.77	Active	Fixed/Per Unit	Purchase
76856	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete	42.45	Active	Fixed/Per Unit	Purchase
76856	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete	70.32	Active	Fixed/Per Unit	Purchase
76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)	93.60	Active	Fixed/Per Unit	Purchase
76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)	23.76	Active	Fixed/Per Unit	Purchase
76857	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)	69.84	Active	Fixed/Per Unit	Purchase
76870	Ultrasound, scrotum and contents	109.96	Active	Fixed/Per Unit	Purchase
76870	Ultrasound, scrotum and contents	39.64	Active	Fixed/Per Unit	Purchase
76870	Ultrasound, scrotum and contents	70.32	Active	Fixed/Per Unit	Purchase
76872	Ultrasound, transrectal;	131.86	Active	Fixed/Per Unit	Purchase
76872	Ultrasound, transrectal;	43.87	Active	Fixed/Per Unit	Purchase
76872	Ultrasound, transrectal;	87.99	Active	Fixed/Per Unit	Purchase
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	200.14	Active	Fixed/Per Unit	Purchase
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	98.78	Active	Fixed/Per Unit	Purchase
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	101.36	Active	Fixed/Per Unit	Purchase
76880	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation	100.15	Active	Fixed/Per Unit	Purchase
76880	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation	36.83	Active	Fixed/Per Unit	Purchase
76880	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation	63.32	Active	Fixed/Per Unit	Purchase
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)	115.23	Active	Fixed/Per Unit	Purchase
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)	44.91	Active	Fixed/Per Unit	Purchase
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)	70.32	Active	Fixed/Per Unit	Purchase
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)	101.77	Active	Fixed/Per Unit	Purchase
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)	38.45	Active	Fixed/Per Unit	Purchase
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)	63.32	Active	Fixed/Per Unit	Purchase
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	110.85	Active	Fixed/Per Unit	Purchase

76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	40.53	Active	Fixed/Per Unit	Purchase
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	70.32	Active	Fixed/Per Unit	Purchase
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	110.85	Active	Fixed/Per Unit	Purchase
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	40.53	Active	Fixed/Per Unit	Purchase
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	70.32	Active	Fixed/Per Unit	Purchase
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	408.68	Active	Fixed/Per Unit	Purchase
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	130.01	Active	Fixed/Per Unit	Purchase
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	278.67	Active	Fixed/Per Unit	Purchase
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	52.28	Active	Fixed/Per Unit	Purchase
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	21.45	Active	Fixed/Per Unit	Purchase
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	30.83	Active	Fixed/Per Unit	Purchase
76940	Ultrasound guidance for, and monitoring of, visceral tissue ablation	265.78	Active	Fixed/Per Unit	Purchase
76940	Ultrasound guidance for, and monitoring of, visceral tissue ablation	161.89	Active	Fixed/Per Unit	Purchase
76940	Ultrasound guidance for, and monitoring of, visceral tissue ablation	103.89	Active	Fixed/Per Unit	Purchase
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	152.46	Active	Fixed/Per Unit	Purchase
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	85.33	Active	Fixed/Per Unit	Purchase
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	67.13	Active	Fixed/Per Unit	Purchase
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	156.62	Active	Fixed/Per Unit	Purchase
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	41.26	Active	Fixed/Per Unit	Purchase
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	115.36	Active	Fixed/Per Unit	Purchase
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	108.39	Active	Fixed/Per Unit	Purchase

76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	41.26	Active	Fixed/Per Unit	Purchase
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	67.13	Active	Fixed/Per Unit	Purchase
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	94.77	Active	Fixed/Per Unit	Purchase
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	24.45	Active	Fixed/Per Unit	Purchase
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	70.32	Active	Fixed/Per Unit	Purchase
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	94.43	Active	Fixed/Per Unit	Purchase
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	24.11	Active	Fixed/Per Unit	Purchase
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	70.32	Active	Fixed/Per Unit	Purchase
76950	Ultrasonic guidance for placement of radiation therapy fields	94.16	Active	Fixed/Per Unit	Purchase
76950	Ultrasonic guidance for placement of radiation therapy fields	36.41	Active	Fixed/Per Unit	Purchase
76950	Ultrasonic guidance for placement of radiation therapy fields	57.75	Active	Fixed/Per Unit	Purchase
76965	Ultrasonic guidance for interstitial radioelement application	330.60	Active	Fixed/Per Unit	Purchase
76965	Ultrasonic guidance for interstitial radioelement application	85.71	Active	Fixed/Per Unit	Purchase
76965	Ultrasonic guidance for interstitial radioelement application	244.89	Active	Fixed/Per Unit	Purchase
76970	Ultrasound study follow-up (specify)	71.92	Active	Fixed/Per Unit	Purchase
76970	Ultrasound study follow-up (specify)	24.95	Active	Fixed/Per Unit	Purchase
76970	Ultrasound study follow-up (specify)	46.97	Active	Fixed/Per Unit	Purchase
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	121.35	Active	Fixed/Per Unit	Purchase
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	51.03	Active	Fixed/Per Unit	Purchase
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	70.32	Active	Fixed/Per Unit	Purchase
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	41.81	Active	Fixed/Per Unit	Purchase
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	4.57	Active	Fixed/Per Unit	Purchase
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	37.24	Active	Fixed/Per Unit	Purchase
76986	Ultrasonic guidance, intraoperative	203.42	Active	Fixed/Per Unit	Purchase
76986	Ultrasonic guidance, intraoperative	87.58	Active	Fixed/Per Unit	Purchase
76986	Ultrasonic guidance, intraoperative	115.84	Active	Fixed/Per Unit	Purchase
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	0.00	Active	Fixed/Per Unit	Purchase
77261	Therapeutic radiology treatment planning; simple	88.83	Active	Fixed/Per Unit	Purchase
77262	Therapeutic radiology treatment planning; intermediate	134.67	Active	Fixed/Per Unit	Purchase
77263	Therapeutic radiology treatment planning; complex	199.54	Active	Fixed/Per Unit	Purchase
77280	Therapeutic radiology simulation-aided field setting; simple	196.65	Active	Fixed/Per Unit	Purchase
77280	Therapeutic radiology simulation-aided field setting; simple	44.29	Active	Fixed/Per Unit	Purchase
77280	Therapeutic radiology simulation-aided field setting; simple	152.36	Active	Fixed/Per Unit	Purchase

77285	Therapeutic radiology simulation-aided field setting; intermediate	311.68	Active	Fixed/Per Unit	Purchase
77285	Therapeutic radiology simulation-aided field setting; intermediate	65.02	Active	Fixed/Per Unit	Purchase
77285	Therapeutic radiology simulation-aided field setting; intermediate	246.66	Active	Fixed/Per Unit	Purchase
77290	Therapeutic radiology simulation-aided field setting; complex	385.50	Active	Fixed/Per Unit	Purchase
77290	Therapeutic radiology simulation-aided field setting; complex	97.44	Active	Fixed/Per Unit	Purchase
77290	Therapeutic radiology simulation-aided field setting; complex	288.06	Active	Fixed/Per Unit	Purchase
77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	1,515.96	Active	Fixed/Per Unit	Purchase
77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	284.10	Active	Fixed/Per Unit	Purchase
77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	1,231.86	Active	Fixed/Per Unit	Purchase
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	0.00	Active	Fixed/Per Unit	Purchase
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	0.00	Active	Fixed/Per Unit	Purchase
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	0.00	Active	Fixed/Per Unit	Purchase
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	97.24	Active	Fixed/Per Unit	Purchase
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	38.45	Active	Fixed/Per Unit	Purchase
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	58.79	Active	Fixed/Per Unit	Purchase
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	1,729.54	Active	Fixed/Per Unit	Purchase
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	497.68	Active	Fixed/Per Unit	Purchase
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	1,231.86	Active	Fixed/Per Unit	Purchase
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)	128.85	Active	Fixed/Per Unit	Purchase
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)	44.64	Active	Fixed/Per Unit	Purchase
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)	84.21	Active	Fixed/Per Unit	Purchase
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)	169.05	Active	Fixed/Per Unit	Purchase

77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)	65.02	Active	Fixed/Per Unit	Purchase
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)	104.03	Active	Fixed/Per Unit	Purchase
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	214.67	Active	Fixed/Per Unit	Purchase
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	97.44	Active	Fixed/Per Unit	Purchase
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	117.23	Active	Fixed/Per Unit	Purchase
77321	Special teletherapy port plan, particles, hemibody, total body	236.82	Active	Fixed/Per Unit	Purchase
77321	Special teletherapy port plan, particles, hemibody, total body	59.41	Active	Fixed/Per Unit	Purchase
77321	Special teletherapy port plan, particles, hemibody, total body	177.41	Active	Fixed/Per Unit	Purchase
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	163.63	Active	Fixed/Per Unit	Purchase
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	58.56	Active	Fixed/Per Unit	Purchase
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	105.07	Active	Fixed/Per Unit	Purchase
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	238.76	Active	Fixed/Per Unit	Purchase
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	86.40	Active	Fixed/Per Unit	Purchase
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	152.36	Active	Fixed/Per Unit	Purchase
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	347.39	Active	Fixed/Per Unit	Purchase
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	131.05	Active	Fixed/Per Unit	Purchase
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	216.34	Active	Fixed/Per Unit	Purchase
77331	Special dosimetry (eg, TLD, microdosimetry) (specify, only when prescribed by the treating physician)	74.41	Active	Fixed/Per Unit	Purchase

77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	53.56	Active	Fixed/Per Unit	Purchase
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	20.85	Active	Fixed/Per Unit	Purchase
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	92.82	Active	Fixed/Per Unit	Purchase
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	34.03	Active	Fixed/Per Unit	Purchase
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	58.79	Active	Fixed/Per Unit	Purchase
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	137.20	Active	Fixed/Per Unit	Purchase
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	51.95	Active	Fixed/Per Unit	Purchase
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	85.25	Active	Fixed/Per Unit	Purchase
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	219.88	Active	Fixed/Per Unit	Purchase
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	76.91	Active	Fixed/Per Unit	Purchase
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	142.97	Active	Fixed/Per Unit	Purchase
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	131.85	Active	Fixed/Per Unit	Purchase
77370	Special medical radiation physics consultation	153.05	Active	Fixed/Per Unit	Purchase
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	0.00	Active	Fixed/Per Unit	Purchase
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	0.00	Active	Fixed/Per Unit	Purchase
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	0.00	Active	Fixed/Per Unit	Purchase
77401	Radiation treatment delivery, superficial and/or ortho voltage	81.10	Active	Fixed/Per Unit	Purchase
77402	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV	81.10	Active	Fixed/Per Unit	Purchase
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	81.10	Active	Fixed/Per Unit	Purchase
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	81.10	Active	Fixed/Per Unit	Purchase
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	81.10	Active	Fixed/Per Unit	Purchase
77407	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV	93.95	Active	Fixed/Per Unit	Purchase
77408	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	93.95	Active	Fixed/Per Unit	Purchase

77409	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	93.95	Active	Fixed/Per Unit	Purchase
77411	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	93.95	Active	Fixed/Per Unit	Purchase
77412	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV	104.03	Active	Fixed/Per Unit	Purchase
77413	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	104.03	Active	Fixed/Per Unit	Purchase
77414	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	104.03	Active	Fixed/Per Unit	Purchase
77416	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	104.03	Active	Fixed/Per Unit	Purchase
77417	Therapeutic radiology port film(s)	27.50	Active	Fixed/Per Unit	Purchase
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	648.98	Active	Fixed/Per Unit	Purchase
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	158.60	Active	Fixed/Per Unit	Purchase
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	24.53	Active	Fixed/Per Unit	Purchase
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	134.07	Active	Fixed/Per Unit	Purchase
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	82.20	Active	Fixed/Per Unit	Purchase
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	101.26	Active	Fixed/Per Unit	Purchase
77427	Radiation treatment management, five treatments	206.77	Active	Fixed/Per Unit	Purchase
77431	Radiation therapy management with complete course of therapy consisting of one or two fractions only	116.02	Active	Fixed/Per Unit	Purchase
77432	Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)	508.26	Active	Fixed/Per Unit	Purchase
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)	622.60	Active	Fixed/Per Unit	Purchase
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)	131.05	Active	Fixed/Per Unit	Purchase
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)	491.55	Active	Fixed/Per Unit	Purchase
77499	Unlisted procedure, therapeutic radiology treatment management	0.00	Active	Fixed/Per Unit	Purchase
77499	Unlisted procedure, therapeutic radiology treatment management	0.00	Active	Fixed/Per Unit	Purchase
77499	Unlisted procedure, therapeutic radiology treatment management	0.00	Active	Fixed/Per Unit	Purchase
77520	Proton treatment delivery; simple, without compensation	0.00	Active	Fixed/Per Unit	Purchase
77522	Proton treatment delivery; simple, with compensation	0.00	Active	Fixed/Per Unit	Purchase

77523	Proton treatment delivery; intermediate	0.00	Active	Fixed/Per Unit	Purchase
77525	Proton treatment delivery; complex	0.00	Active	Fixed/Per Unit	Purchase
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	231.71	Active	Fixed/Per Unit	Purchase
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	97.44	Active	Fixed/Per Unit	Purchase
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	134.27	Active	Fixed/Per Unit	Purchase
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	319.41	Active	Fixed/Per Unit	Purchase
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	139.54	Active	Fixed/Per Unit	Purchase
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	179.87	Active	Fixed/Per Unit	Purchase
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	232.06	Active	Fixed/Per Unit	Purchase
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	97.79	Active	Fixed/Per Unit	Purchase
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	134.27	Active	Fixed/Per Unit	Purchase
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	310.57	Active	Fixed/Per Unit	Purchase
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	130.70	Active	Fixed/Per Unit	Purchase
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	179.87	Active	Fixed/Per Unit	Purchase
77620	Hyperthermia generated by intracavitary probe(s)	253.60	Active	Fixed/Per Unit	Purchase
77620	Hyperthermia generated by intracavitary probe(s)	119.33	Active	Fixed/Per Unit	Purchase
77620	Hyperthermia generated by intracavitary probe(s)	134.27	Active	Fixed/Per Unit	Purchase
77750	Infusion or instillation of radioelement solution (includes 3 months follow-up care)	364.61	Active	Fixed/Per Unit	Purchase
77750	Infusion or instillation of radioelement solution (includes 3 months follow-up care)	306.17	Active	Fixed/Per Unit	Purchase
77750	Infusion or instillation of radioelement solution (includes 3 months follow-up care)	58.44	Active	Fixed/Per Unit	Purchase
77761	Intracavitary radiation source application; simple	343.76	Active	Fixed/Per Unit	Purchase
77761	Intracavitary radiation source application; simple	232.07	Active	Fixed/Per Unit	Purchase
77761	Intracavitary radiation source application; simple	111.69	Active	Fixed/Per Unit	Purchase
77762	Intracavitary radiation source application; intermediate	515.48	Active	Fixed/Per Unit	Purchase
77762	Intracavitary radiation source application; intermediate	356.51	Active	Fixed/Per Unit	Purchase
77762	Intracavitary radiation source application; intermediate	158.97	Active	Fixed/Per Unit	Purchase
77763	Intracavitary radiation source application; complex	729.86	Active	Fixed/Per Unit	Purchase
77763	Intracavitary radiation source application; complex	533.33	Active	Fixed/Per Unit	Purchase
77763	Intracavitary radiation source application; complex	196.53	Active	Fixed/Per Unit	Purchase
77776	Interstitial radiation source application; simple	406.17	Active	Fixed/Per Unit	Purchase
77776	Interstitial radiation source application; simple	307.34	Active	Fixed/Per Unit	Purchase
77776	Interstitial radiation source application; simple	98.83	Active	Fixed/Per Unit	Purchase
77777	Interstitial radiation source application; intermediate	653.08	Active	Fixed/Per Unit	Purchase
77777	Interstitial radiation source application; intermediate	467.33	Active	Fixed/Per Unit	Purchase
77777	Interstitial radiation source application; intermediate	185.75	Active	Fixed/Per Unit	Purchase
77778	Interstitial radiation source application; complex	922.99	Active	Fixed/Per Unit	Purchase
77778	Interstitial radiation source application; complex	697.22	Active	Fixed/Per Unit	Purchase
77778	Interstitial radiation source application; complex	225.77	Active	Fixed/Per Unit	Purchase
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	995.33	Active	Fixed/Per Unit	Purchase
7781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	102.71	Active	Fixed/Per Unit	Purchase

77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	892.62	Active	Fixed/Per Unit	Purchase
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	1,048.63	Active	Fixed/Per Unit	Purchase
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	156.01	Active	Fixed/Per Unit	Purchase
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	892.62	Active	Fixed/Per Unit	Purchase
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	1,124.77	Active	Fixed/Per Unit	Purchase
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	232.15	Active	Fixed/Per Unit	Purchase
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	892.62	Active	Fixed/Per Unit	Purchase
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	1,243.09	Active	Fixed/Per Unit	Purchase
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	350.47	Active	Fixed/Per Unit	Purchase
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	892.62	Active	Fixed/Per Unit	Purchase
77789	Surface application of radiation source	89.91	Active	Fixed/Per Unit	Purchase
77789	Surface application of radiation source	70.79	Active	Fixed/Per Unit	Purchase
77789	Surface application of radiation source	19.12	Active	Fixed/Per Unit	Purchase
77790	Supervision, handling, loading of radiation source	85.87	Active	Fixed/Per Unit	Purchase
77790	Supervision, handling, loading of radiation source	65.02	Active	Fixed/Per Unit	Purchase
77790	Supervision, handling, loading of radiation source	20.85	Active	Fixed/Per Unit	Purchase
77799	Unlisted procedure, clinical brachytherapy	0.00	Active	Fixed/Per Unit	Purchase
77799	Unlisted procedure, clinical brachytherapy	0.00	Active	Fixed/Per Unit	Purchase
77799	Unlisted procedure, clinical brachytherapy	0.00	Active	Fixed/Per Unit	Purchase
78000	Thyroid uptake; single determination	56.08	Active	Fixed/Per Unit	Purchase
78000	Thyroid uptake; single determination	11.88	Active	Fixed/Per Unit	Purchase
78000	Thyroid uptake; single determination	44.20	Active	Fixed/Per Unit	Purchase
78001	Thyroid uptake; multiple determinations	73.63	Active	Fixed/Per Unit	Purchase
78001	Thyroid uptake; multiple determinations	15.88	Active	Fixed/Per Unit	Purchase
78001	Thyroid uptake; multiple determinations	57.75	Active	Fixed/Per Unit	Purchase
78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	63.73	Active	Fixed/Per Unit	Purchase
78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	19.53	Active	Fixed/Per Unit	Purchase
78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	44.20	Active	Fixed/Per Unit	Purchase
78006	Thyroid imaging, with uptake; single determination	135.56	Active	Fixed/Per Unit	Purchase
78006	Thyroid imaging, with uptake; single determination	29.80	Active	Fixed/Per Unit	Purchase
78006	Thyroid imaging, with uptake; single determination	105.76	Active	Fixed/Per Unit	Purchase
78007	Thyroid imaging, with uptake; multiple determinations	144.68	Active	Fixed/Per Unit	Purchase
78007	Thyroid imaging, with uptake; multiple determinations	30.57	Active	Fixed/Per Unit	Purchase
78007	Thyroid imaging, with uptake; multiple determinations	114.11	Active	Fixed/Per Unit	Purchase
78010	Thyroid imaging; only	107.36	Active	Fixed/Per Unit	Purchase
78010	Thyroid imaging; only	24.53	Active	Fixed/Per Unit	Purchase
78010	Thyroid imaging; only	82.83	Active	Fixed/Per Unit	Purchase
78011	Thyroid imaging; with vascular flow	134.56	Active	Fixed/Per Unit	Purchase
78011	Thyroid imaging; with vascular flow	27.76	Active	Fixed/Per Unit	Purchase
78011	Thyroid imaging; with vascular flow	106.80	Active	Fixed/Per Unit	Purchase
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	155.71	Active	Fixed/Per Unit	Purchase

78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	41.60	Active	Fixed/Per Unit	Purchase
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	114.11	Active	Fixed/Per Unit	Purchase
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	202.38	Active	Fixed/Per Unit	Purchase
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	49.68	Active	Fixed/Per Unit	Purchase
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	152.70	Active	Fixed/Per Unit	Purchase
78018	Thyroid carcinoma metastases imaging; whole body	293.52	Active	Fixed/Per Unit	Purchase
78018	Thyroid carcinoma metastases imaging; whole body	53.83	Active	Fixed/Per Unit	Purchase
78018	Thyroid carcinoma metastases imaging; whole body	239.69	Active	Fixed/Per Unit	Purchase
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	106.29	Active	Fixed/Per Unit	Purchase
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	36.18	Active	Fixed/Per Unit	Purchase
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	70.11	Active	Fixed/Per Unit	Purchase
78070	Parathyroid imaging	219.16	Active	Fixed/Per Unit	Purchase
78070	Parathyroid imaging	51.45	Active	Fixed/Per Unit	Purchase
78070	Parathyroid imaging	167.71	Active	Fixed/Per Unit	Purchase
78075	Adrenal imaging, cortex and/or medulla	285.29	Active	Fixed/Per Unit	Purchase
78075	Adrenal imaging, cortex and/or medulla	45.60	Active	Fixed/Per Unit	Purchase
78075	Adrenal imaging, cortex and/or medulla	239.69	Active	Fixed/Per Unit	Purchase
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78102	Bone marrow imaging; limited area	125.60	Active	Fixed/Per Unit	Purchase
78102	Bone marrow imaging; limited area	33.38	Active	Fixed/Per Unit	Purchase
78102	Bone marrow imaging; limited area	92.22	Active	Fixed/Per Unit	Purchase
78103	Bone marrow imaging; multiple areas	186.23	Active	Fixed/Per Unit	Purchase
78103	Bone marrow imaging; multiple areas	46.03	Active	Fixed/Per Unit	Purchase
78103	Bone marrow imaging; multiple areas	140.20	Active	Fixed/Per Unit	Purchase
78104	Bone marrow imaging; whole body	228.70	Active	Fixed/Per Unit	Purchase
78104	Bone marrow imaging; whole body	48.49	Active	Fixed/Per Unit	Purchase
78104	Bone marrow imaging; whole body	180.21	Active	Fixed/Per Unit	Purchase
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	55.73	Active	Fixed/Per Unit	Purchase
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	12.22	Active	Fixed/Per Unit	Purchase
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	43.51	Active	Fixed/Per Unit	Purchase
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	127.95	Active	Fixed/Per Unit	Purchase
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	13.84	Active	Fixed/Per Unit	Purchase
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	114.11	Active	Fixed/Per Unit	Purchase
78120	Red cell volume determination (separate procedure); single sampling	93.97	Active	Fixed/Per Unit	Purchase
78120	Red cell volume determination (separate procedure); single sampling	14.26	Active	Fixed/Per Unit	Purchase
78120	Red cell volume determination (separate procedure); single sampling	79.71	Active	Fixed/Per Unit	Purchase

78121	Red cell volume determination (separate procedure); multiple samplings	145.00	Active	Fixed/Per Unit	Purchase
78121	Red cell volume determination (separate procedure); multiple samplings	19.11	Active	Fixed/Per Unit	Purchase
78121	Red cell volume determination (separate procedure); multiple samplings	125.89	Active	Fixed/Per Unit	Purchase
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	230.22	Active	Fixed/Per Unit	Purchase
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	28.11	Active	Fixed/Per Unit	Purchase
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	202.11	Active	Fixed/Per Unit	Purchase
78130	Red cell survival study;	162.18	Active	Fixed/Per Unit	Purchase
78130	Red cell survival study;	38.37	Active	Fixed/Per Unit	Purchase
78130	Red cell survival study;	123.81	Active	Fixed/Per Unit	Purchase
78135	Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)	253.22	Active	Fixed/Per Unit	Purchase
78135	Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)	39.99	Active	Fixed/Per Unit	Purchase
78135	Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)	213.23	Active	Fixed/Per Unit	Purchase
78140	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)	211.62	Active	Fixed/Per Unit	Purchase
78140	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)	38.03	Active	Fixed/Per Unit	Purchase
78140	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)	173.59	Active	Fixed/Per Unit	Purchase
78185	Spleen imaging only, with or without vascular flow	130.37	Active	Fixed/Per Unit	Purchase
78185	Spleen imaging only, with or without vascular flow	25.30	Active	Fixed/Per Unit	Purchase
78185	Spleen imaging only, with or without vascular flow	105.07	Active	Fixed/Per Unit	Purchase
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	325.26	Active	Fixed/Per Unit	Purchase
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	73.75	Active	Fixed/Per Unit	Purchase
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	251.51	Active	Fixed/Per Unit	Purchase
78191	Platelet survival study	358.38	Active	Fixed/Per Unit	Purchase
78191	Platelet survival study	38.03	Active	Fixed/Per Unit	Purchase
78191	Platelet survival study	320.35	Active	Fixed/Per Unit	Purchase
78195	Lymphatics and lymph nodes imaging	255.77	Active	Fixed/Per Unit	Purchase
78195	Lymphatics and lymph nodes imaging	75.56	Active	Fixed/Per Unit	Purchase
78195	Lymphatics and lymph nodes imaging	180.21	Active	Fixed/Per Unit	Purchase
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78201	Liver imaging; static only	132.41	Active	Fixed/Per Unit	Purchase
78201	Liver imaging; static only	27.34	Active	Fixed/Per Unit	Purchase
78201	Liver imaging; static only	105.07	Active	Fixed/Per Unit	Purchase
78202	Liver imaging; with vascular flow	155.84	Active	Fixed/Per Unit	Purchase
78202	Liver imaging; with vascular flow	30.99	Active	Fixed/Per Unit	Purchase
78202	Liver imaging; with vascular flow	124.85	Active	Fixed/Per Unit	Purchase
78205	Liver imaging (SPECT);	303.84	Active	Fixed/Per Unit	Purchase

78205	Liver imaging (SPECT);	43.64	Active	Fixed/Per Unit	Purchase
78205	Liver imaging (SPECT);	260.20	Active	Fixed/Per Unit	Purchase
78206	Liver imaging (SPECT); with vascular flow	283.97	Active	Fixed/Per Unit	Purchase
78206	Liver imaging (SPECT); with vascular flow	59.10	Active	Fixed/Per Unit	Purchase
78206	Liver imaging (SPECT); with vascular flow	224.87	Active	Fixed/Per Unit	Purchase
78215	Liver and spleen imaging; static only	156.73	Active	Fixed/Per Unit	Purchase
78215	Liver and spleen imaging; static only	29.80	Active	Fixed/Per Unit	Purchase
78215	Liver and spleen imaging; static only	126.93	Active	Fixed/Per Unit	Purchase
78216	Liver and spleen imaging; with vascular flow	186.92	Active	Fixed/Per Unit	Purchase
78216	Liver and spleen imaging; with vascular flow	34.22	Active	Fixed/Per Unit	Purchase
78216	Liver and spleen imaging; with vascular flow	152.70	Active	Fixed/Per Unit	Purchase
78220	Liver function study with hepatobiliary agents, with serial images	192.59	Active	Fixed/Per Unit	Purchase
78220	Liver function study with hepatobiliary agents, with serial images	29.80	Active	Fixed/Per Unit	Purchase
78220	Liver function study with hepatobiliary agents, with serial images	162.79	Active	Fixed/Per Unit	Purchase
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	213.00	Active	Fixed/Per Unit	Purchase
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	52.29	Active	Fixed/Per Unit	Purchase
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	160.71	Active	Fixed/Per Unit	Purchase
78230	Salivary gland imaging;	126.59	Active	Fixed/Per Unit	Purchase
78230	Salivary gland imaging;	27.76	Active	Fixed/Per Unit	Purchase
78230	Salivary gland imaging;	98.83	Active	Fixed/Per Unit	Purchase
78231	Salivary gland imaging; with serial images	171.96	Active	Fixed/Per Unit	Purchase
78231	Salivary gland imaging; with serial images	31.76	Active	Fixed/Per Unit	Purchase
78231	Salivary gland imaging; with serial images	140.20	Active	Fixed/Per Unit	Purchase
78232	Salivary gland function study	183.73	Active	Fixed/Per Unit	Purchase
78232	Salivary gland function study	28.95	Active	Fixed/Per Unit	Purchase
78232	Salivary gland function study	154.78	Active	Fixed/Per Unit	Purchase
78258	Esophageal motility	170.11	Active	Fixed/Per Unit	Purchase
78258	Esophageal motility	45.26	Active	Fixed/Per Unit	Purchase
78258	Esophageal motility	124.85	Active	Fixed/Per Unit	Purchase
78261	Gastric mucosa imaging	224.05	Active	Fixed/Per Unit	Purchase
78261	Gastric mucosa imaging	42.80	Active	Fixed/Per Unit	Purchase
78261	Gastric mucosa imaging	181.25	Active	Fixed/Per Unit	Purchase
78262	Gastroesophageal reflux study	228.48	Active	Fixed/Per Unit	Purchase
78262	Gastroesophageal reflux study	42.03	Active	Fixed/Per Unit	Purchase
78262	Gastroesophageal reflux study	186.45	Active	Fixed/Per Unit	Purchase
78264	Gastric emptying study	229.59	Active	Fixed/Per Unit	Purchase
78264	Gastric emptying study	47.30	Active	Fixed/Per Unit	Purchase
78264	Gastric emptying study	182.29	Active	Fixed/Per Unit	Purchase
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	0.00	Active	Fixed/Per Unit	Purchase
78268	Urea breath test, C-14 (isotopic); analysis	0.00	Active	Fixed/Per Unit	Purchase
78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor	84.01	Active	Fixed/Per Unit	Purchase

78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor	12.65	Active	Fixed/Per Unit	Purchase
78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor	71.36	Active	Fixed/Per Unit	Purchase
78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor	87.13	Active	Fixed/Per Unit	Purchase
78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor	12.65	Active	Fixed/Per Unit	Purchase
78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor	74.48	Active	Fixed/Per Unit	Purchase
78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	119.98	Active	Fixed/Per Unit	Purchase
78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	16.30	Active	Fixed/Per Unit	Purchase
78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	103.68	Active	Fixed/Per Unit	Purchase
78278	Acute gastrointestinal blood loss imaging	273.60	Active	Fixed/Per Unit	Purchase
78278	Acute gastrointestinal blood loss imaging	60.37	Active	Fixed/Per Unit	Purchase
78278	Acute gastrointestinal blood loss imaging	213.23	Active	Fixed/Per Unit	Purchase
78282	Gastrointestinal protein loss	24.11	Active	Fixed/Per Unit	Purchase
78282	Gastrointestinal protein loss	24.11	Active	Fixed/Per Unit	Purchase
78282	Gastrointestinal protein loss	0.00	Active	Fixed/Per Unit	Purchase
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	176.30	Active	Fixed/Per Unit	Purchase
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	42.03	Active	Fixed/Per Unit	Purchase
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	134.27	Active	Fixed/Per Unit	Purchase
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	189.30	Active	Fixed/Per Unit	Purchase
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	54.68	Active	Fixed/Per Unit	Purchase
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	134.62	Active	Fixed/Per Unit	Purchase
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78300	Bone and/or joint imaging; limited area	149.79	Active	Fixed/Per Unit	Purchase
78300	Bone and/or joint imaging; limited area	38.80	Active	Fixed/Per Unit	Purchase
78300	Bone and/or joint imaging; limited area	110.99	Active	Fixed/Per Unit	Purchase
78305	Bone and/or joint imaging; multiple areas	212.58	Active	Fixed/Per Unit	Purchase
78305	Bone and/or joint imaging; multiple areas	51.87	Active	Fixed/Per Unit	Purchase
78305	Bone and/or joint imaging; multiple areas	160.71	Active	Fixed/Per Unit	Purchase
78306	Bone and/or joint imaging; whole body	240.63	Active	Fixed/Per Unit	Purchase
78306	Bone and/or joint imaging; whole body	53.49	Active	Fixed/Per Unit	Purchase
78306	Bone and/or joint imaging; whole body	187.14	Active	Fixed/Per Unit	Purchase
78315	Bone and/or joint imaging; three phase study	272.10	Active	Fixed/Per Unit	Purchase
78315	Bone and/or joint imaging; three phase study	61.99	Active	Fixed/Per Unit	Purchase
78315	Bone and/or joint imaging; three phase study	210.11	Active	Fixed/Per Unit	Purchase
78320	Bone and/or joint imaging; tomographic (SPECT)	323.73	Active	Fixed/Per Unit	Purchase
78320	Bone and/or joint imaging; tomographic (SPECT)	63.53	Active	Fixed/Per Unit	Purchase
78320	Bone and/or joint imaging; tomographic (SPECT)	260.20	Active	Fixed/Per Unit	Purchase
78350	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry	48.30	Active	Fixed/Per Unit	Purchase

78350	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry	13.49	Active	Fixed/Per Unit	Purchase
78350	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry	34.81	Active	Fixed/Per Unit	Purchase
78351	Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites	74.04	Active	Fixed/Per Unit	Purchase
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	28.11	Active	Fixed/Per Unit	Purchase
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	28.11	Active	Fixed/Per Unit	Purchase
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	0.00	Active	Fixed/Per Unit	Purchase
78428	Cardiac shunt detection	149.60	Active	Fixed/Per Unit	Purchase
78428	Cardiac shunt detection	48.34	Active	Fixed/Per Unit	Purchase
78428	Cardiac shunt detection	101.26	Active	Fixed/Per Unit	Purchase
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	114.36	Active	Fixed/Per Unit	Purchase
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	30.15	Active	Fixed/Per Unit	Purchase
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	84.21	Active	Fixed/Per Unit	Purchase
78456	Acute venous thrombosis imaging, peptide	250.60	Active	Fixed/Per Unit	Purchase
78456	Acute venous thrombosis imaging, peptide	61.14	Active	Fixed/Per Unit	Purchase
78456	Acute venous thrombosis imaging, peptide	189.46	Active	Fixed/Per Unit	Purchase
78457	Venous thrombosis imaging, venogram; unilateral	164.10	Active	Fixed/Per Unit	Purchase
78457	Venous thrombosis imaging, venogram; unilateral	46.87	Active	Fixed/Per Unit	Purchase
78457	Venous thrombosis imaging, venogram; unilateral	117.23	Active	Fixed/Per Unit	Purchase
78458	Venous thrombosis imaging, venogram; bilateral	232.93	Active	Fixed/Per Unit	Purchase
78458	Venous thrombosis imaging, venogram; bilateral	56.22	Active	Fixed/Per Unit	Purchase
78458	Venous thrombosis imaging, venogram; bilateral	176.71	Active	Fixed/Per Unit	Purchase
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	92.03	Active	Fixed/Per Unit	Purchase
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	92.03	Active	Fixed/Per Unit	Purchase
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	0.00	Active	Fixed/Per Unit	Purchase
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification	158.56	Active	Fixed/Per Unit	Purchase
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification	53.49	Active	Fixed/Per Unit	Purchase
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification	105.07	Active	Fixed/Per Unit	Purchase

78461	Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	283.78	Active	Fixed/Per Unit	Purchase
78461	Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	75.75	Active	Fixed/Per Unit	Purchase
78461	Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	208.03	Active	Fixed/Per Unit	Purchase
78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification	377.32	Active	Fixed/Per Unit	Purchase
78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification	66.33	Active	Fixed/Per Unit	Purchase
78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification	310.99	Active	Fixed/Per Unit	Purchase
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification	607.63	Active	Fixed/Per Unit	Purchase
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification	88.60	Active	Fixed/Per Unit	Purchase
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification	519.03	Active	Fixed/Per Unit	Purchase
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	158.64	Active	Fixed/Per Unit	Purchase
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	42.80	Active	Fixed/Per Unit	Purchase
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	115.84	Active	Fixed/Per Unit	Purchase
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	209.20	Active	Fixed/Per Unit	Purchase
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	48.49	Active	Fixed/Per Unit	Purchase
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	160.71	Active	Fixed/Per Unit	Purchase
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	285.95	Active	Fixed/Per Unit	Purchase
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	54.95	Active	Fixed/Per Unit	Purchase
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	231.00	Active	Fixed/Per Unit	Purchase
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	304.88	Active	Fixed/Per Unit	Purchase

78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	60.30	Active	Fixed/Per Unit	Purchase
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	244.58	Active	Fixed/Per Unit	Purchase
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	451.50	Active	Fixed/Per Unit	Purchase
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	90.45	Active	Fixed/Per Unit	Purchase
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	361.05	Active	Fixed/Per Unit	Purchase
78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)	109.43	Active	Fixed/Per Unit	Purchase
78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)	37.72	Active	Fixed/Per Unit	Purchase
78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)	71.71	Active	Fixed/Per Unit	Purchase
78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)	109.09	Active	Fixed/Per Unit	Purchase
78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)	37.38	Active	Fixed/Per Unit	Purchase
78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)	71.71	Active	Fixed/Per Unit	Purchase
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	290.22	Active	Fixed/Per Unit	Purchase
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	59.22	Active	Fixed/Per Unit	Purchase
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	231.00	Active	Fixed/Per Unit	Purchase
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	435.49	Active	Fixed/Per Unit	Purchase
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	89.72	Active	Fixed/Per Unit	Purchase
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	345.77	Active	Fixed/Per Unit	Purchase
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	94.49	Active	Fixed/Per Unit	Purchase
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	94.49	Active	Fixed/Per Unit	Purchase

78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	0.00	Active	Fixed/Per Unit	Purchase
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	117.10	Active	Fixed/Per Unit	Purchase
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	117.10	Active	Fixed/Per Unit	Purchase
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	0.00	Active	Fixed/Per Unit	Purchase
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	372.34	Active	Fixed/Per Unit	Purchase
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	73.72	Active	Fixed/Per Unit	Purchase
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	298.62	Active	Fixed/Per Unit	Purchase
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	329.53	Active	Fixed/Per Unit	Purchase
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	30.91	Active	Fixed/Per Unit	Purchase
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	298.62	Active	Fixed/Per Unit	Purchase
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78580	Pulmonary perfusion imaging, particulate	196.23	Active	Fixed/Per Unit	Purchase
78580	Pulmonary perfusion imaging, particulate	45.26	Active	Fixed/Per Unit	Purchase
78580	Pulmonary perfusion imaging, particulate	150.97	Active	Fixed/Per Unit	Purchase
78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	201.61	Active	Fixed/Per Unit	Purchase
78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	60.37	Active	Fixed/Per Unit	Purchase
78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	141.24	Active	Fixed/Per Unit	Purchase
78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath	316.49	Active	Fixed/Per Unit	Purchase
78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath	67.41	Active	Fixed/Per Unit	Purchase
78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath	249.08	Active	Fixed/Per Unit	Purchase
78586	Pulmonary ventilation imaging, aerosol; single projection	139.75	Active	Fixed/Per Unit	Purchase
78586	Pulmonary ventilation imaging, aerosol; single projection	24.95	Active	Fixed/Per Unit	Purchase
78586	Pulmonary ventilation imaging, aerosol; single projection	114.80	Active	Fixed/Per Unit	Purchase
78587	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)	152.23	Active	Fixed/Per Unit	Purchase
78587	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)	30.15	Active	Fixed/Per Unit	Purchase

78587	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)	122.08	Active	Fixed/Per Unit	Purchase
78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections	210.41	Active	Fixed/Per Unit	Purchase
78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections	67.41	Active	Fixed/Per Unit	Purchase
78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections	143.00	Active	Fixed/Per Unit	Purchase
78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	148.76	Active	Fixed/Per Unit	Purchase
78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	24.95	Active	Fixed/Per Unit	Purchase
78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	123.81	Active	Fixed/Per Unit	Purchase
78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	181.47	Active	Fixed/Per Unit	Purchase
78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	29.80	Active	Fixed/Per Unit	Purchase
78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	151.67	Active	Fixed/Per Unit	Purchase
78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)	249.22	Active	Fixed/Per Unit	Purchase
78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)	32.18	Active	Fixed/Per Unit	Purchase
78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)	217.04	Active	Fixed/Per Unit	Purchase
78596	Pulmonary quantitative differential function (ventilation/perfusion) study	388.09	Active	Fixed/Per Unit	Purchase
78596	Pulmonary quantitative differential function (ventilation/perfusion) study	77.10	Active	Fixed/Per Unit	Purchase
78596	Pulmonary quantitative differential function (ventilation/perfusion) study	310.99	Active	Fixed/Per Unit	Purchase
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78600	Brain imaging, limited procedure; static	152.19	Active	Fixed/Per Unit	Purchase
78600	Brain imaging, limited procedure; static	27.34	Active	Fixed/Per Unit	Purchase
78600	Brain imaging, limited procedure; static	124.85	Active	Fixed/Per Unit	Purchase
78601	Brain imaging, limited procedure; with vascular flow	180.92	Active	Fixed/Per Unit	Purchase
78601	Brain imaging, limited procedure; with vascular flow	30.99	Active	Fixed/Per Unit	Purchase
78601	Brain imaging, limited procedure; with vascular flow	149.93	Active	Fixed/Per Unit	Purchase
78605	Brain imaging, complete study; static	182.11	Active	Fixed/Per Unit	Purchase
78605	Brain imaging, complete study; static	32.18	Active	Fixed/Per Unit	Purchase
78605	Brain imaging, complete study; static	149.93	Active	Fixed/Per Unit	Purchase
78606	Brain imaging, complete study; with vascular flow	211.16	Active	Fixed/Per Unit	Purchase
78606	Brain imaging, complete study; with vascular flow	39.64	Active	Fixed/Per Unit	Purchase
78606	Brain imaging, complete study; with vascular flow	171.52	Active	Fixed/Per Unit	Purchase
78607	Brain imaging, complete study; tomographic (SPECT)	365.19	Active	Fixed/Per Unit	Purchase
78607	Brain imaging, complete study; tomographic (SPECT)	75.75	Active	Fixed/Per Unit	Purchase
78607	Brain imaging, complete study; tomographic (SPECT)	289.44	Active	Fixed/Per Unit	Purchase

78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	91.71	Active	Fixed/Per Unit	Purchase
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	91.71	Active	Fixed/Per Unit	Purchase
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	0.00	Active	Fixed/Per Unit	Purchase
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	91.71	Active	Fixed/Per Unit	Purchase
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	91.71	Active	Fixed/Per Unit	Purchase
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	0.00	Active	Fixed/Per Unit	Purchase
78610	Brain imaging, vascular flow only	90.66	Active	Fixed/Per Unit	Purchase
78610	Brain imaging, vascular flow only	18.26	Active	Fixed/Per Unit	Purchase
78610	Brain imaging, vascular flow only	72.40	Active	Fixed/Per Unit	Purchase
78615	Cerebral vascular flow	197.31	Active	Fixed/Per Unit	Purchase
78615	Cerebral vascular flow	26.49	Active	Fixed/Per Unit	Purchase
78615	Cerebral vascular flow	170.82	Active	Fixed/Per Unit	Purchase
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	264.68	Active	Fixed/Per Unit	Purchase
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	42.03	Active	Fixed/Per Unit	Purchase
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	222.65	Active	Fixed/Per Unit	Purchase
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	150.37	Active	Fixed/Per Unit	Purchase
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	37.30	Active	Fixed/Per Unit	Purchase
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	113.07	Active	Fixed/Per Unit	Purchase
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	185.19	Active	Fixed/Per Unit	Purchase
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	34.22	Active	Fixed/Per Unit	Purchase
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	150.97	Active	Fixed/Per Unit	Purchase
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	316.07	Active	Fixed/Per Unit	Purchase
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	55.87	Active	Fixed/Per Unit	Purchase
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	260.20	Active	Fixed/Per Unit	Purchase
78650	Cerebrospinal fluid leakage detection and localization	241.86	Active	Fixed/Per Unit	Purchase
78650	Cerebrospinal fluid leakage detection and localization	38.37	Active	Fixed/Per Unit	Purchase
78650	Cerebrospinal fluid leakage detection and localization	203.49	Active	Fixed/Per Unit	Purchase
78660	Radiopharmaceutical dacryocystography	127.17	Active	Fixed/Per Unit	Purchase
78660	Radiopharmaceutical dacryocystography	32.18	Active	Fixed/Per Unit	Purchase
78660	Radiopharmaceutical dacryocystography	94.99	Active	Fixed/Per Unit	Purchase
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78700	Kidney imaging; static only	162.03	Active	Fixed/Per Unit	Purchase
78700	Kidney imaging; static only	27.76	Active	Fixed/Per Unit	Purchase
78700	Kidney imaging; static only	134.27	Active	Fixed/Per Unit	Purchase
78701	Kidney imaging; with vascular flow	185.28	Active	Fixed/Per Unit	Purchase
78701	Kidney imaging; with vascular flow	29.80	Active	Fixed/Per Unit	Purchase

78701	Kidney imaging; with vascular flow	155.48	Active	Fixed/Per Unit	Purchase
78704	Kidney imaging; with function study (ie, imaging renogram)	219.55	Active	Fixed/Per Unit	Purchase
78704	Kidney imaging; with function study (ie, imaging renogram)	45.26	Active	Fixed/Per Unit	Purchase
78704	Kidney imaging; with function study (ie, imaging renogram)	174.29	Active	Fixed/Per Unit	Purchase
78707	Kidney imaging with vascular flow and function; single study without pharmacological intervention	254.60	Active	Fixed/Per Unit	Purchase
78707	Kidney imaging with vascular flow and function; single study without pharmacological intervention	58.76	Active	Fixed/Per Unit	Purchase
78707	Kidney imaging with vascular flow and function; single study without pharmacological intervention	195.84	Active	Fixed/Per Unit	Purchase
78708	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	270.06	Active	Fixed/Per Unit	Purchase
78708	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	74.22	Active	Fixed/Per Unit	Purchase
78708	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	195.84	Active	Fixed/Per Unit	Purchase
78709	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	282.36	Active	Fixed/Per Unit	Purchase
78709	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	86.52	Active	Fixed/Per Unit	Purchase
78709	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	195.84	Active	Fixed/Per Unit	Purchase
78710	Kidney imaging, tomographic (SPECT)	301.04	Active	Fixed/Per Unit	Purchase
78710	Kidney imaging, tomographic (SPECT)	40.84	Active	Fixed/Per Unit	Purchase
78710	Kidney imaging, tomographic (SPECT)	260.20	Active	Fixed/Per Unit	Purchase
78715	Kidney vascular flow only	90.66	Active	Fixed/Per Unit	Purchase
78715	Kidney vascular flow only	18.26	Active	Fixed/Per Unit	Purchase
78715	Kidney vascular flow only	72.40	Active	Fixed/Per Unit	Purchase
78725	Kidney function study, non-imaging radioisotopic study	105.55	Active	Fixed/Per Unit	Purchase
78725	Kidney function study, non-imaging radioisotopic study	24.11	Active	Fixed/Per Unit	Purchase
78725	Kidney function study, non-imaging radioisotopic study	81.44	Active	Fixed/Per Unit	Purchase
78730	Urinary bladder residual study	87.62	Active	Fixed/Per Unit	Purchase
78730	Urinary bladder residual study	22.91	Active	Fixed/Per Unit	Purchase
78730	Urinary bladder residual study	64.71	Active	Fixed/Per Unit	Purchase
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	130.98	Active	Fixed/Per Unit	Purchase
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	35.99	Active	Fixed/Per Unit	Purchase
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	94.99	Active	Fixed/Per Unit	Purchase
78760	Testicular imaging;	158.76	Active	Fixed/Per Unit	Purchase
78760	Testicular imaging;	40.84	Active	Fixed/Per Unit	Purchase
78760	Testicular imaging;	117.92	Active	Fixed/Per Unit	Purchase
78761	Testicular imaging; with vascular flow	184.88	Active	Fixed/Per Unit	Purchase
78761	Testicular imaging; with vascular flow	43.64	Active	Fixed/Per Unit	Purchase
78761	Testicular imaging; with vascular flow	141.24	Active	Fixed/Per Unit	Purchase

78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	192.53	Active	Fixed/Per Unit	Purchase
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	42.60	Active	Fixed/Per Unit	Purchase
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	149.93	Active	Fixed/Per Unit	Purchase
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	237.01	Active	Fixed/Per Unit	Purchase
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	51.60	Active	Fixed/Per Unit	Purchase
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	185.41	Active	Fixed/Per Unit	Purchase
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	298.76	Active	Fixed/Per Unit	Purchase
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	53.49	Active	Fixed/Per Unit	Purchase
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	245.27	Active	Fixed/Per Unit	Purchase
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	357.54	Active	Fixed/Per Unit	Purchase
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	68.10	Active	Fixed/Per Unit	Purchase
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	289.44	Active	Fixed/Per Unit	Purchase
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging	502.34	Active	Fixed/Per Unit	Purchase
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging	65.14	Active	Fixed/Per Unit	Purchase
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging	437.20	Active	Fixed/Per Unit	Purchase
78805	Radiopharmaceutical localization of inflammatory process; limited area	194.77	Active	Fixed/Per Unit	Purchase
78805	Radiopharmaceutical localization of inflammatory process; limited area	44.84	Active	Fixed/Per Unit	Purchase
78805	Radiopharmaceutical localization of inflammatory process; limited area	149.93	Active	Fixed/Per Unit	Purchase
78806	Radiopharmaceutical localization of inflammatory process; whole body	338.78	Active	Fixed/Per Unit	Purchase
78806	Radiopharmaceutical localization of inflammatory process; whole body	53.49	Active	Fixed/Per Unit	Purchase
78806	Radiopharmaceutical localization of inflammatory process; whole body	285.29	Active	Fixed/Per Unit	Purchase
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	356.12	Active	Fixed/Per Unit	Purchase
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	66.68	Active	Fixed/Per Unit	Purchase
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	289.44	Active	Fixed/Per Unit	Purchase
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)	102.93	Active	Fixed/Per Unit	Purchase

78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)	102.93	Active	Fixed/Per Unit	Purchase
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)	0.00	Active	Fixed/Per Unit	Purchase
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	123.93	Active	Fixed/Per Unit	Purchase
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	123.93	Active	Fixed/Per Unit	Purchase
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	0.00	Active	Fixed/Per Unit	Purchase
78813	Tumor imaging, positron emission tomography (PET); whole body	127.93	Active	Fixed/Per Unit	Purchase
78813	Tumor imaging, positron emission tomography (PET); whole body	127.93	Active	Fixed/Per Unit	Purchase
78813	Tumor imaging, positron emission tomography (PET); whole body	0.00	Active	Fixed/Per Unit	Purchase
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)	138.82	Active	Fixed/Per Unit	Purchase
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)	138.82	Active	Fixed/Per Unit	Purchase
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)	0.00	Active	Fixed/Per Unit	Purchase
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	151.74	Active	Fixed/Per Unit	Purchase
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	151.74	Active	Fixed/Per Unit	Purchase
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	0.00	Active	Fixed/Per Unit	Purchase
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	154.97	Active	Fixed/Per Unit	Purchase
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	154.97	Active	Fixed/Per Unit	Purchase
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	0.00	Active	Fixed/Per Unit	Purchase
78890	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes	60.55	Active	Fixed/Per Unit	Purchase
78890	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes	4.57	Active	Fixed/Per Unit	Purchase

78890	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes	55.98	Active	Fixed/Per Unit	Purchase
78891	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes	121.46	Active	Fixed/Per Unit	Purchase
78891	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes	7.38	Active	Fixed/Per Unit	Purchase
78891	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes	114.08	Active	Fixed/Per Unit	Purchase
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	0.00	Active	Fixed/Per Unit	Purchase
79005	Radiopharmaceutical therapy, by oral administration	226.90	Active	Fixed/Per Unit	Purchase
79005	Radiopharmaceutical therapy, by oral administration	111.06	Active	Fixed/Per Unit	Purchase
79005	Radiopharmaceutical therapy, by oral administration	115.84	Active	Fixed/Per Unit	Purchase
79101	Radiopharmaceutical therapy, by intravenous administration	236.09	Active	Fixed/Per Unit	Purchase
79101	Radiopharmaceutical therapy, by intravenous administration	120.25	Active	Fixed/Per Unit	Purchase
79101	Radiopharmaceutical therapy, by intravenous administration	115.84	Active	Fixed/Per Unit	Purchase
79200	Radiopharmaceutical therapy, by intracavitary administration	239.82	Active	Fixed/Per Unit	Purchase
79200	Radiopharmaceutical therapy, by intracavitary administration	123.98	Active	Fixed/Per Unit	Purchase
79200	Radiopharmaceutical therapy, by intracavitary administration	115.84	Active	Fixed/Per Unit	Purchase
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	110.04	Active	Fixed/Per Unit	Purchase
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	110.04	Active	Fixed/Per Unit	Purchase
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	0.00	Active	Fixed/Per Unit	Purchase
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	316.68	Active	Fixed/Per Unit	Purchase
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	143.67	Active	Fixed/Per Unit	Purchase
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	173.01	Active	Fixed/Per Unit	Purchase
79440	Radiopharmaceutical therapy, by intra-articular administration	239.09	Active	Fixed/Per Unit	Purchase
79440	Radiopharmaceutical therapy, by intra-articular administration	123.25	Active	Fixed/Per Unit	Purchase
79440	Radiopharmaceutical therapy, by intra-articular administration	115.84	Active	Fixed/Per Unit	Purchase
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	151.12	Active	Fixed/Per Unit	Purchase
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	151.12	Active	Fixed/Per Unit	Purchase
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	0.00	Active	Fixed/Per Unit	Purchase
79999	Radiopharmaceutical therapy, unlisted procedure	0.00	Active	Fixed/Per Unit	Purchase

79999	Radiopharmaceutical therapy, unlisted procedure	0.00	Active	Fixed/Per Unit	Purchase
79999	Radiopharmaceutical therapy, unlisted procedure	0.00	Active	Fixed/Per Unit	Purchase

Surgery

<u>Code</u>	<u>CodeDescription</u>	<u>Fee</u>	<u>Status</u>	<u>TypeDesc</u>	<u>GridDesc</u>
10021	Fine needle aspiration; without imaging guidance	146.21	Active	Surgery	Surgery
10022	Fine needle aspiration; with imaging guidance	156.19	Active	Surgery	Surgery
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	93.73	Active	Surgery	Surgery
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	112.61	Active	Surgery	Surgery
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	210.85	Active	Surgery	Surgery
10080	Incision and drainage of pilonidal cyst; simple	176.66	Active	Surgery	Surgery
10081	Incision and drainage of pilonidal cyst; complicated	287.38	Active	Surgery	Surgery
10120	Incision and removal of foreign body, subcutaneous tissues; simple	148.33	Active	Surgery	Surgery
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	294.03	Active	Surgery	Surgery
10140	Incision and drainage of hematoma, seroma or fluid collection	159.95	Active	Surgery	Surgery
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	130.92	Active	Surgery	Surgery
10180	Incision and drainage, complex, postoperative wound infection	260.59	Active	Surgery	Surgery
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	57.84	Active	Surgery	Surgery
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)	27.72	Active	Surgery	Surgery
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	689.94	Active	Surgery	Surgery
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	944.55	Active	Surgery	Surgery
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	927.92	Active	Surgery	Surgery
11008	Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (List separately in addition to code for primary procedure)	389.60	Active	Surgery	Surgery
11010	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	532.54	Active	Surgery	Surgery
11011	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle	623.09	Active	Surgery	Surgery
11012	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	916.12	Active	Surgery	Surgery
11040	Debridement; skin, partial thickness	49.76	Active	Surgery	Surgery
11041	Debridement; skin, full thickness	75.21	Active	Surgery	Surgery
11042	Debridement; skin, and subcutaneous tissue	103.94	Active	Surgery	Surgery
11043	Debridement; skin, subcutaneous tissue, and muscle	274.65	Active	Surgery	Surgery

11044	Debridement; skin, subcutaneous tissue, muscle, and bone	359.92	Active	Surgery	Surgery
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	46.42	Active	Surgery	Surgery
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions	60.34	Active	Surgery	Surgery
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions	76.72	Active	Surgery	Surgery
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	82.86	Active	Surgery	Surgery
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	32.30	Active	Surgery	Surgery
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	75.66	Active	Surgery	Surgery
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)	21.34	Active	Surgery	Surgery
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	61.17	Active	Surgery	Surgery
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	81.47	Active	Surgery	Surgery
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	98.28	Active	Surgery	Surgery
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	119.55	Active	Surgery	Surgery
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	70.15	Active	Surgery	Surgery
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	92.35	Active	Surgery	Surgery
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	105.28	Active	Surgery	Surgery
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	132.84	Active	Surgery	Surgery
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	76.40	Active	Surgery	Surgery
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	95.86	Active	Surgery	Surgery
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	110.55	Active	Surgery	Surgery
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	148.89	Active	Surgery	Surgery
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	115.84	Active	Surgery	Surgery
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	141.06	Active	Surgery	Surgery
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	164.09	Active	Surgery	Surgery

11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	188.89	Active	Surgery	Surgery
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	218.12	Active	Surgery	Surgery
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	279.64	Active	Surgery	Surgery
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	118.67	Active	Surgery	Surgery
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	154.74	Active	Surgery	Surgery
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	175.51	Active	Surgery	Surgery
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	210.08	Active	Surgery	Surgery
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	244.30	Active	Surgery	Surgery
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	358.11	Active	Surgery	Surgery
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	135.53	Active	Surgery	Surgery
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	166.63	Active	Surgery	Surgery
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	189.36	Active	Surgery	Surgery
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	236.89	Active	Surgery	Surgery
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	306.38	Active	Surgery	Surgery
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	405.78	Active	Surgery	Surgery
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	350.15	Active	Surgery	Surgery
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	489.64	Active	Surgery	Surgery
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	340.08	Active	Surgery	Surgery
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	499.03	Active	Surgery	Surgery
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	383.79	Active	Surgery	Surgery

11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	521.40	Active	Surgery	Surgery
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	164.54	Active	Surgery	Surgery
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	191.22	Active	Surgery	Surgery
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	201.72	Active	Surgery	Surgery
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	227.60	Active	Surgery	Surgery
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	253.95	Active	Surgery	Surgery
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	349.27	Active	Surgery	Surgery
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	156.31	Active	Surgery	Surgery
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	189.53	Active	Surgery	Surgery
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	216.03	Active	Surgery	Surgery
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	261.44	Active	Surgery	Surgery
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	307.05	Active	Surgery	Surgery
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	421.72	Active	Surgery	Surgery
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	168.69	Active	Surgery	Surgery
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	224.60	Active	Surgery	Surgery
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	261.26	Active	Surgery	Surgery
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	309.06	Active	Surgery	Surgery
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	397.89	Active	Surgery	Surgery
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	558.93	Active	Surgery	Surgery
11719	Trimming of nondystrophic nails, any number	19.38	Active	Surgery	Surgery
11720	Debridement of nail(s) by any method(s); one to five	32.38	Active	Surgery	Surgery
11721	Debridement of nail(s) by any method(s); six or more	50.45	Active	Surgery	Surgery
11730	Avulsion of nail plate, partial or complete, simple; single	108.21	Active	Surgery	Surgery
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	51.72	Active	Surgery	Surgery
11740	Evacuation of subungual hematoma	41.77	Active	Surgery	Surgery
11750	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;	192.72	Active	Surgery	Surgery
11752	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	278.71	Active	Surgery	Surgery
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	134.53	Active	Surgery	Surgery
11760	Repair of nail bed	195.05	Active	Surgery	Surgery

11762	Reconstruction of nail bed with graft	285.97	Active	Surgery	Surgery
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	105.33	Active	Surgery	Surgery
11770	Excision of pilonidal cyst or sinus; simple	289.61	Active	Surgery	Surgery
11771	Excision of pilonidal cyst or sinus; extensive	569.20	Active	Surgery	Surgery
11772	Excision of pilonidal cyst or sinus; complicated	712.59	Active	Surgery	Surgery
11900	Injection, intralesional; up to and including seven lesions	48.04	Active	Surgery	Surgery
11901	Injection, intralesional; more than seven lesions	62.00	Active	Surgery	Surgery
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	239.03	Active	Surgery	Surgery
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	270.41	Active	Surgery	Surgery
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)	72.58	Active	Surgery	Surgery
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	85.62	Active	Surgery	Surgery
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	121.39	Active	Surgery	Surgery
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	164.19	Active	Surgery	Surgery
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	207.30	Active	Surgery	Surgery
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	976.10	Active	Surgery	Surgery
11970	Replacement of tissue expander with permanent prosthesis	696.79	Active	Surgery	Surgery
11971	Removal of tissue expander(s) without insertion of prosthesis	463.28	Active	Surgery	Surgery
11975	Insertion, implantable contraceptive capsules	141.83	Active	Surgery	Surgery
11976	Removal, implantable contraceptive capsules	171.98	Active	Surgery	Surgery
11977	Removal with reinsertion, implantable contraceptive capsules	283.95	Active	Surgery	Surgery
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	122.98	Active	Surgery	Surgery
11981	Insertion, non-biodegradable drug delivery implant	142.70	Active	Surgery	Surgery
11982	Removal, non-biodegradable drug delivery implant	172.88	Active	Surgery	Surgery
11983	Removal with reinsertion, non-biodegradable drug delivery implant	259.56	Active	Surgery	Surgery
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	167.35	Active	Surgery	Surgery
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	179.73	Active	Surgery	Surgery
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	212.57	Active	Surgery	Surgery
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	266.72	Active	Surgery	Surgery
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	334.44	Active	Surgery	Surgery
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	386.04	Active	Surgery	Surgery

12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	176.85	Active	Surgery	Surgery
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	194.96	Active	Surgery	Surgery
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	234.07	Active	Surgery	Surgery
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	294.95	Active	Surgery	Surgery
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	354.52	Active	Surgery	Surgery
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	347.67	Active	Surgery	Surgery
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	424.86	Active	Surgery	Surgery
12020	Treatment of superficial wound dehiscence; simple closure	296.51	Active	Surgery	Surgery
12021	Treatment of superficial wound dehiscence; with packing	183.63	Active	Surgery	Surgery
12031	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	200.31	Active	Surgery	Surgery
12032	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	266.12	Active	Surgery	Surgery
12034	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	278.54	Active	Surgery	Surgery
12035	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	394.06	Active	Surgery	Surgery
12036	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	461.03	Active	Surgery	Surgery
12037	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	525.40	Active	Surgery	Surgery
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	222.16	Active	Surgery	Surgery
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	259.22	Active	Surgery	Surgery
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	292.07	Active	Surgery	Surgery
12045	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	408.90	Active	Surgery	Surgery
12046	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	500.63	Active	Surgery	Surgery
12047	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	519.08	Active	Surgery	Surgery
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	253.44	Active	Surgery	Surgery
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	259.10	Active	Surgery	Surgery
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	285.20	Active	Surgery	Surgery
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	322.61	Active	Surgery	Surgery
12055	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	422.02	Active	Surgery	Surgery
12056	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	560.00	Active	Surgery	Surgery
12057	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	563.68	Active	Surgery	Surgery
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	318.56	Active	Surgery	Surgery
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	373.11	Active	Surgery	Surgery

13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	115.95	Active	Surgery	Surgery
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	329.29	Active	Surgery	Surgery
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	395.27	Active	Surgery	Surgery
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	139.72	Active	Surgery	Surgery
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	357.22	Active	Surgery	Surgery
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	512.89	Active	Surgery	Surgery
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	181.94	Active	Surgery	Surgery
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	389.87	Active	Surgery	Surgery
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	409.21	Active	Surgery	Surgery
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	547.60	Active	Surgery	Surgery
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	210.28	Active	Surgery	Surgery
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	963.29	Active	Surgery	Surgery
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	625.61	Active	Surgery	Surgery
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	829.77	Active	Surgery	Surgery
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	690.38	Active	Surgery	Surgery
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	914.58	Active	Surgery	Surgery
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	747.92	Active	Surgery	Surgery
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	982.07	Active	Surgery	Surgery
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	784.48	Active	Surgery	Surgery
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	1,056.20	Active	Surgery	Surgery
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	1,088.17	Active	Surgery	Surgery
14350	Filletted finger or toe flap, including preparation of recipient site	890.88	Active	Surgery	Surgery
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children	395.83	Active	Surgery	Surgery
15001	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)	113.80	Active	Surgery	Surgery

15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	285.32	Active	Surgery	Surgery
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	522.25	Active	Surgery	Surgery
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)	1,045.74	Active	Surgery	Surgery
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	244.72	Active	Surgery	Surgery
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	1,003.99	Active	Surgery	Surgery
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	168.88	Active	Surgery	Surgery
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	938.60	Active	Surgery	Surgery
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	218.79	Active	Surgery	Surgery
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)	992.75	Active	Surgery	Surgery
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	332.78	Active	Surgery	Surgery
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	810.10	Active	Surgery	Surgery
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	137.62	Active	Surgery	Surgery
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	1,004.44	Active	Surgery	Surgery
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	129.61	Active	Surgery	Surgery
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	844.17	Active	Surgery	Surgery
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	179.45	Active	Surgery	Surgery
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	221.63	Active	Surgery	Surgery

15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	837.82	Active	Surgery	Surgery
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	233.97	Active	Surgery	Surgery
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	257.47	Active	Surgery	Surgery
15170	Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	441.70	Active	Surgery	Surgery
15171	Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	122.69	Active	Surgery	Surgery
15175	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	629.44	Active	Surgery	Surgery
15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	193.32	Active	Surgery	Surgery
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	839.08	Active	Surgery	Surgery
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)	178.44	Active	Surgery	Surgery
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	799.96	Active	Surgery	Surgery
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)	159.32	Active	Surgery	Surgery
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	898.92	Active	Surgery	Surgery
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)	204.19	Active	Surgery	Surgery
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	901.35	Active	Surgery	Surgery
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)	224.97	Active	Surgery	Surgery
15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	366.55	Active	Surgery	Surgery
15301	Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	83.31	Active	Surgery	Surgery

15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	427.04	Active	Surgery	Surgery
15321	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	124.45	Active	Surgery	Surgery
15330	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	366.21	Active	Surgery	Surgery
15331	Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	82.97	Active	Surgery	Surgery
15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	408.08	Active	Surgery	Surgery
15336	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	119.72	Active	Surgery	Surgery
15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less	368.71	Active	Surgery	Surgery
15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm	52.88	Active	Surgery	Surgery
15360	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	394.87	Active	Surgery	Surgery
15361	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	93.47	Active	Surgery	Surgery
15365	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	414.79	Active	Surgery	Surgery
15366	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	115.62	Active	Surgery	Surgery
15400	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	391.08	Active	Surgery	Surgery
15401	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	132.85	Active	Surgery	Surgery
15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children	448.16	Active	Surgery	Surgery

15421	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	146.28	Active	Surgery	Surgery
15430	Acellular xenograft implant; first 100 sq cm or less, or one percent of body area of infants and children	599.57	Active	Surgery	Surgery
15431	Acellular xenograft implant; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	0.00	Active	Surgery	Surgery
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	1,018.42	Active	Surgery	Surgery
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	933.52	Active	Surgery	Surgery
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	1,000.55	Active	Surgery	Surgery
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	859.69	Active	Surgery	Surgery
15600	Delay of flap or sectioning of flap (division and inset); at trunk	392.48	Active	Surgery	Surgery
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	327.03	Active	Surgery	Surgery
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	456.42	Active	Surgery	Surgery
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	442.97	Active	Surgery	Surgery
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	489.76	Active	Surgery	Surgery
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	1,731.66	Active	Surgery	Surgery
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	1,841.51	Active	Surgery	Surgery
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	1,753.53	Active	Surgery	Surgery
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	1,849.23	Active	Surgery	Surgery
15740	Flap; island pedicle	896.01	Active	Surgery	Surgery
15750	Flap; neurovascular pedicle	1,046.90	Active	Surgery	Surgery
15756	Free muscle or myocutaneous flap with microvascular anastomosis	3,016.97	Active	Surgery	Surgery
15757	Free skin flap with microvascular anastomosis	2,925.44	Active	Surgery	Surgery
15758	Free fascial flap with microvascular anastomosis	2,979.32	Active	Surgery	Surgery
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	867.62	Active	Surgery	Surgery
15770	Graft; derma-fat-fascia	735.30	Active	Surgery	Surgery
15775	Punch graft for hair transplant; 1 to 15 punch grafts	405.84	Active	Surgery	Surgery
15776	Punch graft for hair transplant; more than 15 punch grafts	547.16	Active	Surgery	Surgery
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	826.45	Active	Surgery	Surgery
15781	Dermabrasion; segmental, face	504.88	Active	Surgery	Surgery
15782	Dermabrasion; regional, other than face	584.66	Active	Surgery	Surgery
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)	469.21	Active	Surgery	Surgery
15786	Abrasion; single lesion (eg, keratosis, scar)	221.70	Active	Surgery	Surgery
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	58.78	Active	Surgery	Surgery

15788	Chemical peel, facial; epidermal	340.99	Active	Surgery	Surgery
15789	Chemical peel, facial; dermal	523.98	Active	Surgery	Surgery
15792	Chemical peel, nonfacial; epidermal	347.96	Active	Surgery	Surgery
15793	Chemical peel, nonfacial; dermal	409.60	Active	Surgery	Surgery
15819	Cervicoplasty	817.16	Active	Surgery	Surgery
15820	Blepharoplasty, lower eyelid;	530.25	Active	Surgery	Surgery
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	576.36	Active	Surgery	Surgery
15822	Blepharoplasty, upper eyelid;	455.85	Active	Surgery	Surgery
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	658.77	Active	Surgery	Surgery
15824	Rhytidectomy; forehead	0.00	Active	Surgery	Surgery
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	0.00	Active	Surgery	Surgery
15826	Rhytidectomy; glabellar frown lines	0.00	Active	Surgery	Surgery
15828	Rhytidectomy; cheek, chin, and neck	0.00	Active	Surgery	Surgery
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	0.00	Active	Surgery	Surgery
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)	1,116.25	Active	Surgery	Surgery
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	1,072.32	Active	Surgery	Surgery
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	997.60	Active	Surgery	Surgery
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	1,009.67	Active	Surgery	Surgery
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	1,037.39	Active	Surgery	Surgery
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	866.99	Active	Surgery	Surgery
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	861.54	Active	Surgery	Surgery
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	614.28	Active	Surgery	Surgery
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	918.50	Active	Surgery	Surgery
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	1,139.71	Active	Surgery	Surgery
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	1,952.09	Active	Surgery	Surgery
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	3,270.32	Active	Surgery	Surgery
15845	Graft for facial nerve paralysis; regional muscle transfer	997.20	Active	Surgery	Surgery
15850	Removal of sutures under anesthesia (other than local), same surgeon	95.87	Active	Surgery	Surgery
15851	Removal of sutures under anesthesia (other than local), other surgeon	105.18	Active	Surgery	Surgery
15852	Dressing change (for other than burns) under anesthesia (other than local)	116.37	Active	Surgery	Surgery
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	158.94	Active	Surgery	Surgery
15876	Suction assisted lipectomy; head and neck	0.00	Active	Surgery	Surgery
15877	Suction assisted lipectomy; trunk	0.00	Active	Surgery	Surgery
15878	Suction assisted lipectomy; upper extremity	0.00	Active	Surgery	Surgery
15879	Suction assisted lipectomy; lower extremity	0.00	Active	Surgery	Surgery
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	712.57	Active	Surgery	Surgery
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	919.71	Active	Surgery	Surgery

15931	Excision, sacral pressure ulcer, with primary suture;	808.75	Active	Surgery	Surgery
15933	Excision, sacral pressure ulcer, with primary suture; with osteotomy	999.31	Active	Surgery	Surgery
15934	Excision, sacral pressure ulcer, with skin flap closure;	1,129.66	Active	Surgery	Surgery
15935	Excision, sacral pressure ulcer, with skin flap closure; with osteotomy	1,343.29	Active	Surgery	Surgery
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	1,119.25	Active	Surgery	Surgery
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with osteotomy	1,305.44	Active	Surgery	Surgery
15940	Excision, ischial pressure ulcer, with primary suture;	840.55	Active	Surgery	Surgery
15941	Excision, ischial pressure ulcer, with primary suture; with osteotomy (ischietomy)	1,104.35	Active	Surgery	Surgery
15944	Excision, ischial pressure ulcer, with skin flap closure;	1,074.06	Active	Surgery	Surgery
15945	Excision, ischial pressure ulcer, with skin flap closure; with osteotomy	1,196.04	Active	Surgery	Surgery
15946	Excision, ischial pressure ulcer, with osteotomy, in preparation for muscle or myocutaneous flap or skin graft closure	1,968.67	Active	Surgery	Surgery
15950	Excision, trochanteric pressure ulcer, with primary suture;	690.38	Active	Surgery	Surgery
15951	Excision, trochanteric pressure ulcer, with primary suture; with osteotomy	988.85	Active	Surgery	Surgery
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	1,032.82	Active	Surgery	Surgery
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with osteotomy	1,162.15	Active	Surgery	Surgery
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	1,420.27	Active	Surgery	Surgery
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with osteotomy	1,435.00	Active	Surgery	Surgery
15999	Unlisted procedure, excision pressure ulcer	0.00	Active	Surgery	Surgery
16000	Initial treatment, first degree burn, when no more than local treatment is required	81.57	Active	Surgery	Surgery
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	92.66	Active	Surgery	Surgery
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	173.14	Active	Surgery	Surgery
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)	205.91	Active	Surgery	Surgery
16035	Escharotomy; initial incision	294.21	Active	Surgery	Surgery
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	119.57	Active	Surgery	Surgery
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion	64.28	Active	Surgery	Surgery
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (List separately in addition to code for first lesion)	11.92	Active	Surgery	Surgery

17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, 15 or more lesions	217.47	Active	Surgery	Surgery
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	415.28	Active	Surgery	Surgery
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	748.48	Active	Surgery	Surgery
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	974.76	Active	Surgery	Surgery
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14 lesions	92.45	Active	Surgery	Surgery
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more lesions	105.60	Active	Surgery	Surgery
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	74.01	Active	Surgery	Surgery
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	89.90	Active	Surgery	Surgery
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	114.10	Active	Surgery	Surgery
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	142.91	Active	Surgery	Surgery
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	159.45	Active	Surgery	Surgery
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	173.45	Active	Surgery	Surgery
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	201.83	Active	Surgery	Surgery
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	123.56	Active	Surgery	Surgery
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	135.29	Active	Surgery	Surgery
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	156.52	Active	Surgery	Surgery
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	177.41	Active	Surgery	Surgery

17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	216.25	Active	Surgery	Surgery
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	265.82	Active	Surgery	Surgery
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	114.10	Active	Surgery	Surgery
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	151.29	Active	Surgery	Surgery
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	175.25	Active	Surgery	Surgery
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	219.44	Active	Surgery	Surgery
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	260.25	Active	Surgery	Surgery
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	355.51	Active	Surgery	Surgery
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens	660.21	Active	Surgery	Surgery
17305	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue, up to 5 specimens	275.10	Active	Surgery	Surgery
17306	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue, up to 5 specimens	275.79	Active	Surgery	Surgery
17307	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to 5 specimens, each stage	263.66	Active	Surgery	Surgery

17310	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in addition to code for primary procedure)	101.60	Active	Surgery	Surgery
17340	Cryotherapy (CO2 slush, liquid N2) for acne	53.80	Active	Surgery	Surgery
17360	Chemical exfoliation for acne (eg, acne paste, acid)	120.97	Active	Surgery	Surgery
17380	Electrolysis epilation, each 1/2 hour	0.00	Active	Surgery	Surgery
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	0.00	Active	Surgery	Surgery
19000	Puncture aspiration of cyst of breast;	118.60	Active	Surgery	Surgery
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	33.49	Active	Surgery	Surgery
19020	Mastotomy with exploration or drainage of abscess, deep	450.08	Active	Surgery	Surgery
19030	Injection procedure only for mammary ductogram or galactogram	180.04	Active	Surgery	Surgery
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	154.39	Active	Surgery	Surgery
19101	Biopsy of breast; open, incisional	359.66	Active	Surgery	Surgery
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	242.36	Active	Surgery	Surgery
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	608.18	Active	Surgery	Surgery
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	483.45	Active	Surgery	Surgery
19112	Excision of lactiferous duct fistula	450.25	Active	Surgery	Surgery
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions	521.37	Active	Surgery	Surgery
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	563.20	Active	Surgery	Surgery
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	225.72	Active	Surgery	Surgery
19140	Mastectomy for gynecomastia	586.95	Active	Surgery	Surgery
19160	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	511.36	Active	Surgery	Surgery
19162	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	1,107.72	Active	Surgery	Surgery
19180	Mastectomy, simple, complete	754.56	Active	Surgery	Surgery
19182	Mastectomy, subcutaneous	675.21	Active	Surgery	Surgery
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	1,270.06	Active	Surgery	Surgery
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	1,315.65	Active	Surgery	Surgery
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	1,335.29	Active	Surgery	Surgery
19260	Excision of chest wall tumor including ribs	1,415.91	Active	Surgery	Surgery

19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	1,884.69	Active	Surgery	Surgery
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	2,096.11	Active	Surgery	Surgery
19290	Preoperative placement of needle localization wire, breast;	165.16	Active	Surgery	Surgery
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	75.63	Active	Surgery	Surgery
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure)	95.30	Active	Surgery	Surgery
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	4,573.60	Active	Surgery	Surgery
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	124.96	Active	Surgery	Surgery
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	1,794.50	Active	Surgery	Surgery
19316	Mastopexy	1,001.96	Active	Surgery	Surgery
19318	Reduction mammoplasty	1,563.80	Active	Surgery	Surgery
19324	Mammoplasty, augmentation; without prosthetic implant	565.19	Active	Surgery	Surgery
19325	Mammoplasty, augmentation; with prosthetic implant	818.57	Active	Surgery	Surgery
19328	Removal of intact mammary implant	574.88	Active	Surgery	Surgery
19330	Removal of mammary implant material	752.84	Active	Surgery	Surgery
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	562.70	Active	Surgery	Surgery
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	1,106.30	Active	Surgery	Surgery
19350	Nipple/areola reconstruction	1,106.87	Active	Surgery	Surgery
19355	Correction of inverted nipples	838.47	Active	Surgery	Surgery
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	1,827.10	Active	Surgery	Surgery
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	1,761.34	Active	Surgery	Surgery
19364	Breast reconstruction with free flap	3,648.66	Active	Surgery	Surgery
19366	Breast reconstruction with other technique	1,873.54	Active	Surgery	Surgery
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	2,378.65	Active	Surgery	Surgery
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	3,001.73	Active	Surgery	Surgery
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	2,693.94	Active	Surgery	Surgery
19370	Open periprosthetic capsulotomy, breast	807.74	Active	Surgery	Surgery
19371	Periprosthetic capsulectomy, breast	952.91	Active	Surgery	Surgery
19380	Revision of reconstructed breast	908.07	Active	Surgery	Surgery
19396	Preparation of moulage for custom breast implant	182.21	Active	Surgery	Surgery
19499	Unlisted procedure, breast	0.00	Active	Surgery	Surgery

20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial	227.38	Active	Surgery	Surgery
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	346.77	Active	Surgery	Surgery
20100	Exploration of penetrating wound (separate procedure); neck	794.18	Active	Surgery	Surgery
20101	Exploration of penetrating wound (separate procedure); chest	419.73	Active	Surgery	Surgery
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	511.94	Active	Surgery	Surgery
20103	Exploration of penetrating wound (separate procedure); extremity	654.21	Active	Surgery	Surgery
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	1,181.14	Active	Surgery	Surgery
20200	Biopsy, muscle; superficial	207.71	Active	Surgery	Surgery
20205	Biopsy, muscle; deep	292.82	Active	Surgery	Surgery
20206	Biopsy, muscle, percutaneous needle	280.12	Active	Surgery	Surgery
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	226.17	Active	Surgery	Surgery
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	967.43	Active	Surgery	Surgery
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	303.05	Active	Surgery	Surgery
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	788.42	Active	Surgery	Surgery
20250	Biopsy, vertebral body, open; thoracic	514.16	Active	Surgery	Surgery
20251	Biopsy, vertebral body, open; lumbar or cervical	582.41	Active	Surgery	Surgery
20500	Injection of sinus tract; therapeutic (separate procedure)	151.87	Active	Surgery	Surgery
20501	Injection of sinus tract; diagnostic (sinogram)	140.37	Active	Surgery	Surgery
20520	Removal of foreign body in muscle or tendon sheath; simple	216.51	Active	Surgery	Surgery
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	555.41	Active	Surgery	Surgery
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	96.33	Active	Surgery	Surgery
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar 'fascia')	72.22	Active	Surgery	Surgery
20551	Injection(s); single tendon origin/insertion	69.41	Active	Surgery	Surgery
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)	61.69	Active	Surgery	Surgery
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	67.20	Active	Surgery	Surgery
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	64.57	Active	Surgery	Surgery
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	69.22	Active	Surgery	Surgery
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	85.76	Active	Surgery	Surgery
20612	Aspiration and/or injection of ganglion cyst(s) any location	71.87	Active	Surgery	Surgery
20615	Aspiration and injection for treatment of bone cyst	253.72	Active	Surgery	Surgery
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	231.20	Active	Surgery	Surgery
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	316.42	Active	Surgery	Surgery
20661	Application of halo, including removal; cranial	578.28	Active	Surgery	Surgery
20662	Application of halo, including removal; pelvic	547.20	Active	Surgery	Surgery
20663	Application of halo, including removal; femoral	563.02	Active	Surgery	Surgery

20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia	892.52	Active	Surgery	Surgery
20665	Removal of tongs or halo applied by another physician	163.81	Active	Surgery	Surgery
20670	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)	523.90	Active	Surgery	Surgery
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	545.43	Active	Surgery	Surgery
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	340.01	Active	Surgery	Surgery
20692	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	587.19	Active	Surgery	Surgery
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))	609.75	Active	Surgery	Surgery
20694	Removal, under anesthesia, of external fixation system	549.03	Active	Surgery	Surgery
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	3,139.13	Active	Surgery	Surgery
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	4,159.27	Active	Surgery	Surgery
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	5,282.84	Active	Surgery	Surgery
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	3,418.24	Active	Surgery	Surgery
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	3,021.08	Active	Surgery	Surgery
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	3,390.84	Active	Surgery	Surgery
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	3,029.37	Active	Surgery	Surgery
20838	Replantation, foot, complete amputation	2,720.93	Active	Surgery	Surgery
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	694.43	Active	Surgery	Surgery
20902	Bone graft, any donor area; major or large	787.67	Active	Surgery	Surgery
20910	Cartilage graft; costochondral	531.05	Active	Surgery	Surgery
20912	Cartilage graft; nasal septum	591.37	Active	Surgery	Surgery
20920	Fascia lata graft; by stripper	487.34	Active	Surgery	Surgery
20922	Fascia lata graft; by incision and area exposure, complex or sheet	664.76	Active	Surgery	Surgery
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	661.82	Active	Surgery	Surgery
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	552.11	Active	Surgery	Surgery
20930	Allograft for spine surgery only; morselized	0.00	Active	Surgery	Surgery
20931	Allograft for spine surgery only; structural	184.75	Active	Surgery	Surgery
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision	0.00	Active	Surgery	Surgery
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	263.65	Active	Surgery	Surgery
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	294.86	Active	Surgery	Surgery
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	326.29	Active	Surgery	Surgery

20955	Bone graft with microvascular anastomosis; fibula	3,363.25	Active	Surgery	Surgery
20956	Bone graft with microvascular anastomosis; iliac crest	3,756.64	Active	Surgery	Surgery
20957	Bone graft with microvascular anastomosis; metatarsal	3,620.45	Active	Surgery	Surgery
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	3,737.37	Active	Surgery	Surgery
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	3,626.49	Active	Surgery	Surgery
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	3,866.68	Active	Surgery	Surgery
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	3,467.40	Active	Surgery	Surgery
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	3,785.57	Active	Surgery	Surgery
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	69.56	Active	Surgery	Surgery
20975	Electrical stimulation to aid bone healing; invasive (operative)	259.32	Active	Surgery	Surgery
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	69.84	Active	Surgery	Surgery
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	4,235.38	Active	Surgery	Surgery
20999	Unlisted procedure, musculoskeletal system, general	0.00	Active	Surgery	Surgery
21010	Arthrotomy, temporomandibular joint	870.51	Active	Surgery	Surgery
21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp	520.93	Active	Surgery	Surgery
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	1,083.33	Active	Surgery	Surgery
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	583.73	Active	Surgery	Surgery
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	817.44	Active	Surgery	Surgery
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	505.32	Active	Surgery	Surgery
21031	Excision of torus mandibularis	401.31	Active	Surgery	Surgery
21032	Excision of maxillary torus palatinus	405.78	Active	Surgery	Surgery
21034	Excision of malignant tumor of maxilla or zygoma	1,538.53	Active	Surgery	Surgery
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	507.40	Active	Surgery	Surgery
21044	Excision of malignant tumor of mandible;	1,024.36	Active	Surgery	Surgery
21045	Excision of malignant tumor of mandible; radical resection	1,380.93	Active	Surgery	Surgery
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	1,289.21	Active	Surgery	Surgery
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))	1,633.42	Active	Surgery	Surgery
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	1,302.77	Active	Surgery	Surgery
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))	1,493.50	Active	Surgery	Surgery
21050	Condylectomy, temporomandibular joint (separate procedure)	1,042.52	Active	Surgery	Surgery
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	974.68	Active	Surgery	Surgery
21070	Coronoidectomy (separate procedure)	817.48	Active	Surgery	Surgery

21076	Impression and custom preparation; surgical obturator prosthesis	1,347.65	Active	Surgery	Surgery
21077	Impression and custom preparation; orbital prosthesis	3,317.92	Active	Surgery	Surgery
21079	Impression and custom preparation; interim obturator prosthesis	2,247.18	Active	Surgery	Surgery
21080	Impression and custom preparation; definitive obturator prosthesis	2,571.68	Active	Surgery	Surgery
21081	Impression and custom preparation; mandibular resection prosthesis	2,306.57	Active	Surgery	Surgery
21082	Impression and custom preparation; palatal augmentation prosthesis	2,103.10	Active	Surgery	Surgery
21083	Impression and custom preparation; palatal lift prosthesis	1,976.65	Active	Surgery	Surgery
21084	Impression and custom preparation; speech aid prosthesis	2,115.55	Active	Surgery	Surgery
21085	Impression and custom preparation; oral surgical splint	892.55	Active	Surgery	Surgery
21086	Impression and custom preparation; auricular prosthesis	2,532.78	Active	Surgery	Surgery
21087	Impression and custom preparation; nasal prosthesis	2,469.14	Active	Surgery	Surgery
21088	Impression and custom preparation; facial prosthesis	0.00	Active	Surgery	Surgery
21089	Unlisted maxillofacial prosthetic procedure	0.00	Active	Surgery	Surgery
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	638.63	Active	Surgery	Surgery
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	679.40	Active	Surgery	Surgery
21116	Injection procedure for temporomandibular joint arthrography	195.21	Active	Surgery	Surgery
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	681.69	Active	Surgery	Surgery
21121	Genioplasty; sliding osteotomy, single piece	819.88	Active	Surgery	Surgery
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	848.34	Active	Surgery	Surgery
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	1,093.76	Active	Surgery	Surgery
21125	Augmentation, mandibular body or angle; prosthetic material	2,506.52	Active	Surgery	Surgery
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	2,224.99	Active	Surgery	Surgery
21137	Reduction forehead; contouring only	916.67	Active	Surgery	Surgery
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	1,153.41	Active	Surgery	Surgery
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	1,209.84	Active	Surgery	Surgery
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	1,653.83	Active	Surgery	Surgery
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	1,660.41	Active	Surgery	Surgery
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft	1,617.39	Active	Surgery	Surgery
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	1,826.90	Active	Surgery	Surgery
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	1,953.18	Active	Surgery	Surgery

21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	1,767.47	Active	Surgery	Surgery
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	2,098.86	Active	Surgery	Surgery
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	2,399.26	Active	Surgery	Surgery
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	2,530.44	Active	Surgery	Surgery
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	3,458.35	Active	Surgery	Surgery
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	4,245.61	Active	Surgery	Surgery
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	3,645.58	Active	Surgery	Surgery
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	2,279.20	Active	Surgery	Surgery
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	2,872.39	Active	Surgery	Surgery
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	1,925.51	Active	Surgery	Surgery
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	2,212.90	Active	Surgery	Surgery
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	910.70	Active	Surgery	Surgery
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	2,518.35	Active	Surgery	Surgery
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	3,004.97	Active	Surgery	Surgery
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	3,384.26	Active	Surgery	Surgery
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	1,902.84	Active	Surgery	Surgery
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	1,557.80	Active	Surgery	Surgery
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	1,672.59	Active	Surgery	Surgery
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	1,532.54	Active	Surgery	Surgery

21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	1,709.64	Active	Surgery	Surgery
21198	Osteotomy, mandible, segmental;	1,293.90	Active	Surgery	Surgery
21199	Osteotomy, mandible, segmental; with genioglossus advancement	1,238.18	Active	Surgery	Surgery
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	1,269.50	Active	Surgery	Surgery
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	1,400.13	Active	Surgery	Surgery
21209	Osteoplasty, facial bones; reduction	818.03	Active	Surgery	Surgery
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	1,525.58	Active	Surgery	Surgery
21215	Graft, bone; mandible (includes obtaining graft)	2,180.08	Active	Surgery	Surgery
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	961.87	Active	Surgery	Surgery
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	733.54	Active	Surgery	Surgery
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	1,407.73	Active	Surgery	Surgery
21242	Arthroplasty, temporomandibular joint, with allograft	1,261.22	Active	Surgery	Surgery
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	2,057.93	Active	Surgery	Surgery
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	1,141.91	Active	Surgery	Surgery
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	1,211.33	Active	Surgery	Surgery
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	1,079.37	Active	Surgery	Surgery
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	2,058.79	Active	Surgery	Surgery
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	1,180.23	Active	Surgery	Surgery
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	1,758.97	Active	Surgery	Surgery
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	1,687.02	Active	Surgery	Surgery
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	1,359.54	Active	Surgery	Surgery
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	1,312.77	Active	Surgery	Surgery
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	2,776.00	Active	Surgery	Surgery
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	2,326.11	Active	Surgery	Surgery
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	1,785.54	Active	Surgery	Surgery
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	2,380.93	Active	Surgery	Surgery
21270	Malar augmentation, prosthetic material	963.73	Active	Surgery	Surgery
21275	Secondary revision of orbitocraniofacial reconstruction	985.91	Active	Surgery	Surgery
21280	Medial canthopexy (separate procedure)	534.63	Active	Surgery	Surgery
21282	Lateral canthopexy	348.69	Active	Surgery	Surgery
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	180.98	Active	Surgery	Surgery
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	409.87	Active	Surgery	Surgery

21299	Unlisted craniofacial and maxillofacial procedure	0.00	Active	Surgery	Surgery
21300	Closed treatment of skull fracture without operation	135.53	Active	Surgery	Surgery
21310	Closed treatment of nasal bone fracture without manipulation	112.70	Active	Surgery	Surgery
21315	Closed treatment of nasal bone fracture; without stabilization	235.49	Active	Surgery	Surgery
21320	Closed treatment of nasal bone fracture; with stabilization	245.86	Active	Surgery	Surgery
21325	Open treatment of nasal fracture; uncomplicated	513.14	Active	Surgery	Surgery
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	663.17	Active	Surgery	Surgery
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	828.83	Active	Surgery	Surgery
21336	Open treatment of nasal septal fracture, with or without stabilization	672.67	Active	Surgery	Surgery
21337	Closed treatment of nasal septal fracture, with or without stabilization	376.39	Active	Surgery	Surgery
21338	Open treatment of nasoethmoid fracture; without external fixation	904.80	Active	Surgery	Surgery
21339	Open treatment of nasoethmoid fracture; with external fixation	994.33	Active	Surgery	Surgery
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	949.61	Active	Surgery	Surgery
21343	Open treatment of depressed frontal sinus fracture	1,343.98	Active	Surgery	Surgery
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	1,835.57	Active	Surgery	Surgery
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	849.22	Active	Surgery	Surgery
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	1,085.78	Active	Surgery	Surgery
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	1,358.27	Active	Surgery	Surgery
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	1,528.82	Active	Surgery	Surgery
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	435.64	Active	Surgery	Surgery
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	503.75	Active	Surgery	Surgery
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	609.71	Active	Surgery	Surgery
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	1,306.36	Active	Surgery	Surgery
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	1,583.89	Active	Surgery	Surgery
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	845.97	Active	Surgery	Surgery
21386	Open treatment of orbital floor blowout fracture; periorbital approach	804.05	Active	Surgery	Surgery
21387	Open treatment of orbital floor blowout fracture; combined approach	911.80	Active	Surgery	Surgery
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	857.58	Active	Surgery	Surgery

21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	1,103.46	Active	Surgery	Surgery
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	176.48	Active	Surgery	Surgery
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	482.53	Active	Surgery	Surgery
21406	Open treatment of fracture of orbit, except blowout; without implant	636.40	Active	Surgery	Surgery
21407	Open treatment of fracture of orbit, except blowout; with implant	768.21	Active	Surgery	Surgery
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	1,085.92	Active	Surgery	Surgery
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	670.24	Active	Surgery	Surgery
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	807.04	Active	Surgery	Surgery
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	987.37	Active	Surgery	Surgery
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	752.31	Active	Surgery	Surgery
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	786.81	Active	Surgery	Surgery
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	2,131.68	Active	Surgery	Surgery
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	1,519.59	Active	Surgery	Surgery
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	2,363.29	Active	Surgery	Surgery
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	428.01	Active	Surgery	Surgery
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	703.77	Active	Surgery	Surgery
21450	Closed treatment of mandibular fracture; without manipulation	440.29	Active	Surgery	Surgery
21451	Closed treatment of mandibular fracture; with manipulation	641.84	Active	Surgery	Surgery
21452	Percutaneous treatment of mandibular fracture, with external fixation	583.90	Active	Surgery	Surgery
21453	Closed treatment of mandibular fracture with interdental fixation	737.77	Active	Surgery	Surgery
21454	Open treatment of mandibular fracture with external fixation	635.27	Active	Surgery	Surgery
21461	Open treatment of mandibular fracture; without interdental fixation	1,364.74	Active	Surgery	Surgery
21462	Open treatment of mandibular fracture; with interdental fixation	1,597.36	Active	Surgery	Surgery
21465	Open treatment of mandibular condylar fracture	1,108.86	Active	Surgery	Surgery
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	1,411.79	Active	Surgery	Surgery
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	98.06	Active	Surgery	Surgery
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	543.92	Active	Surgery	Surgery

21490	Open treatment of temporomandibular dislocation	1,183.86	Active	Surgery	Surgery
21495	Open treatment of hyoid fracture	613.93	Active	Surgery	Surgery
21497	Interdental wiring, for condition other than fracture	544.62	Active	Surgery	Surgery
21499	Unlisted musculoskeletal procedure, head	0.00	Active	Surgery	Surgery
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	459.81	Active	Surgery	Surgery
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	667.87	Active	Surgery	Surgery
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	580.50	Active	Surgery	Surgery
21550	Biopsy, soft tissue of neck or thorax	239.77	Active	Surgery	Surgery
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	474.10	Active	Surgery	Surgery
21556	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular	492.41	Active	Surgery	Surgery
21557	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax	752.05	Active	Surgery	Surgery
21600	Excision of rib, partial	665.14	Active	Surgery	Surgery
21610	Costotransversectomy (separate procedure)	1,467.55	Active	Surgery	Surgery
21615	Excision first and/or cervical rib;	905.38	Active	Surgery	Surgery
21616	Excision first and/or cervical rib; with sympathectomy	1,115.61	Active	Surgery	Surgery
21620	Ostectomy of sternum, partial	667.45	Active	Surgery	Surgery
21627	Sternal debridement	686.80	Active	Surgery	Surgery
21630	Radical resection of sternum;	1,600.96	Active	Surgery	Surgery
21632	Radical resection of sternum; with mediastinal lymphadenectomy	1,620.19	Active	Surgery	Surgery
21685	Hyoid myotomy and suspension	1,082.77	Active	Surgery	Surgery
21700	Division of scalenus anticus; without resection of cervical rib	472.11	Active	Surgery	Surgery
21705	Division of scalenus anticus; with resection of cervical rib	852.31	Active	Surgery	Surgery
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	486.19	Active	Surgery	Surgery
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	698.19	Active	Surgery	Surgery
21740	Reconstructive repair of pectus excavatum or carinatum; open	1,409.93	Active	Surgery	Surgery
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	0.00	Active	Surgery	Surgery
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	0.00	Active	Surgery	Surgery
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	955.08	Active	Surgery	Surgery
21800	Closed treatment of rib fracture, uncomplicated, each	102.93	Active	Surgery	Surgery
21805	Open treatment of rib fracture without fixation, each	294.67	Active	Surgery	Surgery
21810	Treatment of rib fracture requiring external fixation (flail chest)	628.36	Active	Surgery	Surgery
21820	Closed treatment of sternum fracture	145.81	Active	Surgery	Surgery
21825	Open treatment of sternum fracture with or without skeletal fixation	731.20	Active	Surgery	Surgery
21899	Unlisted procedure, neck or thorax	0.00	Active	Surgery	Surgery
21920	Biopsy, soft tissue of back or flank; superficial	225.85	Active	Surgery	Surgery
21925	Biopsy, soft tissue of back or flank; deep	474.96	Active	Surgery	Surgery
21930	Excision, tumor, soft tissue of back or flank	526.19	Active	Surgery	Surgery
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank	1,529.15	Active	Surgery	Surgery

22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	1,081.75	Active	Surgery	Surgery
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	1,071.48	Active	Surgery	Surgery
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	1,049.05	Active	Surgery	Surgery
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	1,019.41	Active	Surgery	Surgery
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	1,026.59	Active	Surgery	Surgery
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	218.64	Active	Surgery	Surgery
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	1,344.07	Active	Surgery	Surgery
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	1,308.44	Active	Surgery	Surgery
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	1,327.18	Active	Surgery	Surgery
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	227.01	Active	Surgery	Surgery
22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	2,502.29	Active	Surgery	Surgery
22212	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic	1,970.36	Active	Surgery	Surgery
22214	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar	1,992.11	Active	Surgery	Surgery
22216	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	591.77	Active	Surgery	Surgery
22220	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; cervical	2,269.93	Active	Surgery	Surgery
22222	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; thoracic	2,023.58	Active	Surgery	Surgery
22224	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; lumbar	2,141.58	Active	Surgery	Surgery
22226	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	590.38	Active	Surgery	Surgery
22305	Closed treatment of vertebral process fracture(s)	235.99	Active	Surgery	Surgery
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	296.09	Active	Surgery	Surgery
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction	1,036.76	Active	Surgery	Surgery

22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	2,305.98	Active	Surgery	Surgery
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	2,589.90	Active	Surgery	Surgery
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	1,876.11	Active	Surgery	Surgery
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical	2,049.68	Active	Surgery	Surgery
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic	1,943.67	Active	Surgery	Surgery
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (List separately in addition to code for primary procedure)	439.30	Active	Surgery	Surgery
22505	Manipulation of spine requiring anesthesia, any region	175.27	Active	Surgery	Surgery
22520	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic	2,820.96	Active	Surgery	Surgery
22521	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar	2,579.60	Active	Surgery	Surgery
22522	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	384.97	Active	Surgery	Surgery
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	835.90	Active	Surgery	Surgery
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	799.34	Active	Surgery	Surgery
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	395.28	Active	Surgery	Surgery
22532	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic	2,295.11	Active	Surgery	Surgery
22533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar	2,005.45	Active	Surgery	Surgery
22534	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	579.54	Active	Surgery	Surgery
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	2,627.25	Active	Surgery	Surgery

22554	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); cervical below C2	2,001.48	Active	Surgery	Surgery
22556	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic	2,269.15	Active	Surgery	Surgery
22558	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar	1,959.52	Active	Surgery	Surgery
22585	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	551.35	Active	Surgery	Surgery
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	2,173.68	Active	Surgery	Surgery
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	2,042.19	Active	Surgery	Surgery
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	1,727.83	Active	Surgery	Surgery
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	1,695.04	Active	Surgery	Surgery
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	2,168.36	Active	Surgery	Surgery
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	632.21	Active	Surgery	Surgery
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; lumbar	2,186.74	Active	Surgery	Surgery
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	518.25	Active	Surgery	Surgery
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	1,877.05	Active	Surgery	Surgery
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	3,071.45	Active	Surgery	Surgery
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	3,553.84	Active	Surgery	Surgery
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	2,545.23	Active	Surgery	Surgery
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	2,822.47	Active	Surgery	Surgery
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	3,011.01	Active	Surgery	Surgery
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	3,139.35	Active	Surgery	Surgery
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	3,587.60	Active	Surgery	Surgery
22830	Exploration of spinal fusion	1,139.16	Active	Surgery	Surgery
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	1,246.30	Active	Surgery	Surgery
22841	Internal spinal fixation by wiring of spinous processes	0.00	Active	Surgery	Surgery

22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	1,241.27	Active	Surgery	Surgery
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments	1,301.39	Active	Surgery	Surgery
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments	1,560.58	Active	Surgery	Surgery
22845	Anterior instrumentation; 2 to 3 vertebral segments	1,219.58	Active	Surgery	Surgery
22846	Anterior instrumentation; 4 to 7 vertebral segments	1,265.72	Active	Surgery	Surgery
22847	Anterior instrumentation; 8 or more vertebral segments	1,355.06	Active	Surgery	Surgery
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	567.07	Active	Surgery	Surgery
22849	Reinsertion of spinal fixation device	1,876.41	Active	Surgery	Surgery
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	1,005.55	Active	Surgery	Surgery
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace	663.41	Active	Surgery	Surgery
22852	Removal of posterior segmental instrumentation	950.55	Active	Surgery	Surgery
22855	Removal of anterior instrumentation	1,595.00	Active	Surgery	Surgery
22899	Unlisted procedure, spine	0.00	Active	Surgery	Surgery
22900	Excision, abdominal wall tumor, subfascial (eg, desmoid)	491.09	Active	Surgery	Surgery
22999	Unlisted procedure, abdomen, musculoskeletal system	0.00	Active	Surgery	Surgery
23000	Removal of subdeltoid calcareous deposits, open	600.35	Active	Surgery	Surgery
23020	Capsular contracture release (eg, Sever type procedure)	912.00	Active	Surgery	Surgery
23030	Incision and drainage, shoulder area; deep abscess or hematoma	502.08	Active	Surgery	Surgery
23031	Incision and drainage, shoulder area; infected bursa	470.16	Active	Surgery	Surgery
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	910.70	Active	Surgery	Surgery
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	944.42	Active	Surgery	Surgery
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	743.29	Active	Surgery	Surgery
23065	Biopsy, soft tissue of shoulder area; superficial	217.62	Active	Surgery	Surgery
23066	Biopsy, soft tissue of shoulder area; deep	553.26	Active	Surgery	Surgery
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	288.31	Active	Surgery	Surgery
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular	714.94	Active	Surgery	Surgery
23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area	1,446.18	Active	Surgery	Surgery
23100	Arthrotomy, glenohumeral joint, including biopsy	634.82	Active	Surgery	Surgery
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	590.57	Active	Surgery	Surgery
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	845.95	Active	Surgery	Surgery
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	624.76	Active	Surgery	Surgery
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	884.17	Active	Surgery	Surgery
23120	Claviculectomy; partial	742.14	Active	Surgery	Surgery
23125	Claviculectomy; total	945.59	Active	Surgery	Surgery
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	796.33	Active	Surgery	Surgery

23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	663.37	Active	Surgery	Surgery
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	905.78	Active	Surgery	Surgery
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	816.31	Active	Surgery	Surgery
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	831.92	Active	Surgery	Surgery
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	1,044.26	Active	Surgery	Surgery
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	888.12	Active	Surgery	Surgery
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	696.88	Active	Surgery	Surgery
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	688.15	Active	Surgery	Surgery
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	983.69	Active	Surgery	Surgery
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	932.60	Active	Surgery	Surgery
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	883.27	Active	Surgery	Surgery
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	1,007.91	Active	Surgery	Surgery
23190	Ostectomy of scapula, partial (eg, superior medial angle)	726.99	Active	Surgery	Surgery
23195	Resection, humeral head	983.38	Active	Surgery	Surgery
23200	Radical resection for tumor; clavicle	1,154.26	Active	Surgery	Surgery
23210	Radical resection for tumor; scapula	1,196.86	Active	Surgery	Surgery
23220	Radical resection of bone tumor, proximal humerus;	1,429.09	Active	Surgery	Surgery
23221	Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)	1,695.07	Active	Surgery	Surgery
23222	Radical resection of bone tumor, proximal humerus; with prosthetic replacement	2,254.66	Active	Surgery	Surgery
23330	Removal of foreign body, shoulder; subcutaneous	248.49	Active	Surgery	Surgery
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	772.06	Active	Surgery	Surgery
23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)	1,171.49	Active	Surgery	Surgery
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	173.11	Active	Surgery	Surgery
23395	Muscle transfer, any type, shoulder or upper arm; single	1,676.07	Active	Surgery	Surgery
23397	Muscle transfer, any type, shoulder or upper arm; multiple	1,558.73	Active	Surgery	Surgery
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	1,326.40	Active	Surgery	Surgery
23405	Tenotomy, shoulder area; single tendon	850.24	Active	Surgery	Surgery
23406	Tenotomy, shoulder area; multiple tendons through same incision	1,075.58	Active	Surgery	Surgery
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1,234.11	Active	Surgery	Surgery
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1,313.96	Active	Surgery	Surgery
23415	Coracoacromial ligament release, with or without acromioplasty	1,004.46	Active	Surgery	Surgery
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	1,346.45	Active	Surgery	Surgery
23430	Tenodesis of long tendon of biceps	1,008.69	Active	Surgery	Surgery
23440	Resection or transplantation of long tendon of biceps	1,050.87	Active	Surgery	Surgery

23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	1,317.81	Active	Surgery	Surgery
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	1,409.66	Active	Surgery	Surgery
23460	Capsulorrhaphy, anterior, any type; with bone block	1,514.21	Active	Surgery	Surgery
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	1,477.41	Active	Surgery	Surgery
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	1,545.60	Active	Surgery	Surgery
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	1,430.23	Active	Surgery	Surgery
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	1,676.46	Active	Surgery	Surgery
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	2,038.52	Active	Surgery	Surgery
23480	Osteotomy, clavicle, with or without internal fixation;	1,119.69	Active	Surgery	Surgery
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	1,322.57	Active	Surgery	Surgery
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	1,062.64	Active	Surgery	Surgery
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	1,406.95	Active	Surgery	Surgery
23500	Closed treatment of clavicular fracture; without manipulation	240.76	Active	Surgery	Surgery
23505	Closed treatment of clavicular fracture; with manipulation	416.56	Active	Surgery	Surgery
23515	Open treatment of clavicular fracture, with or without internal or external fixation	766.78	Active	Surgery	Surgery
23520	Closed treatment of sternoclavicular dislocation; without manipulation	250.52	Active	Surgery	Surgery
23525	Closed treatment of sternoclavicular dislocation; with manipulation	390.75	Active	Surgery	Surgery
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	726.93	Active	Surgery	Surgery
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	824.38	Active	Surgery	Surgery
23540	Closed treatment of acromioclavicular dislocation; without manipulation	244.99	Active	Surgery	Surgery
23545	Closed treatment of acromioclavicular dislocation; with manipulation	344.81	Active	Surgery	Surgery
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	748.05	Active	Surgery	Surgery
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	869.25	Active	Surgery	Surgery
23570	Closed treatment of scapular fracture; without manipulation	262.55	Active	Surgery	Surgery
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	444.96	Active	Surgery	Surgery
23585	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation	916.04	Active	Surgery	Surgery
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	366.72	Active	Surgery	Surgery
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	567.74	Active	Surgery	Surgery
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);	988.25	Active	Surgery	Surgery
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); with proximal humeral prosthetic replacement	2,041.65	Active	Surgery	Surgery

23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	297.60	Active	Surgery	Surgery
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	455.67	Active	Surgery	Surgery
23630	Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation	765.24	Active	Surgery	Surgery
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	326.93	Active	Surgery	Surgery
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	459.60	Active	Surgery	Surgery
23660	Open treatment of acute shoulder dislocation	766.04	Active	Surgery	Surgery
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	499.44	Active	Surgery	Surgery
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation	811.34	Active	Surgery	Surgery
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	671.25	Active	Surgery	Surgery
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation	1,015.54	Active	Surgery	Surgery
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	259.85	Active	Surgery	Surgery
23800	Arthrodesis, glenohumeral joint;	1,375.00	Active	Surgery	Surgery
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	1,531.74	Active	Surgery	Surgery
23900	Interthoracoscaphular amputation (forequarter)	1,801.45	Active	Surgery	Surgery
23920	Disarticulation of shoulder;	1,396.50	Active	Surgery	Surgery
23921	Disarticulation of shoulder; secondary closure or scar revision	545.95	Active	Surgery	Surgery
23929	Unlisted procedure, shoulder	0.00	Active	Surgery	Surgery
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	419.97	Active	Surgery	Surgery
23931	Incision and drainage, upper arm or elbow area; bursa	330.62	Active	Surgery	Surgery
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	648.13	Active	Surgery	Surgery
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	605.26	Active	Surgery	Surgery
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	927.59	Active	Surgery	Surgery
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	229.57	Active	Surgery	Surgery
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	671.71	Active	Surgery	Surgery
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	519.65	Active	Surgery	Surgery
24076	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	602.63	Active	Surgery	Surgery
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area	1,069.33	Active	Surgery	Surgery
24100	Arthrotomy, elbow; with synovial biopsy only	515.23	Active	Surgery	Surgery
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	646.98	Active	Surgery	Surgery
24102	Arthrotomy, elbow; with synovectomy	812.58	Active	Surgery	Surgery
24105	Excision, olecranon bursa	412.48	Active	Surgery	Surgery
24110	Excision or curettage of bone cyst or benign tumor, humerus;	769.74	Active	Surgery	Surgery
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	952.46	Active	Surgery	Surgery
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	1,176.17	Active	Surgery	Surgery

24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	681.00	Active	Surgery	Surgery
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	734.70	Active	Surgery	Surgery
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	799.93	Active	Surgery	Surgery
24130	Excision, radial head	656.95	Active	Surgery	Surgery
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	1,008.55	Active	Surgery	Surgery
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	832.19	Active	Surgery	Surgery
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	847.06	Active	Surgery	Surgery
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	970.97	Active	Surgery	Surgery
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	820.98	Active	Surgery	Surgery
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	846.83	Active	Surgery	Surgery
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	1,416.85	Active	Surgery	Surgery
24150	Radical resection for tumor, shaft or distal humerus;	1,317.50	Active	Surgery	Surgery
24151	Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)	1,515.58	Active	Surgery	Surgery
24152	Radical resection for tumor, radial head or neck;	954.67	Active	Surgery	Surgery
24153	Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)	811.69	Active	Surgery	Surgery
24155	Resection of elbow joint (arthrectomy)	1,126.26	Active	Surgery	Surgery
24160	Implant removal; elbow joint	799.86	Active	Surgery	Surgery
24164	Implant removal; radial head	645.67	Active	Surgery	Surgery
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	228.26	Active	Surgery	Surgery
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	660.57	Active	Surgery	Surgery
24220	Injection procedure for elbow arthrography	195.65	Active	Surgery	Surgery
24300	Manipulation, elbow, under anesthesia	471.55	Active	Surgery	Surgery
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	1,007.98	Active	Surgery	Surgery
24305	Tendon lengthening, upper arm or elbow, each tendon	751.04	Active	Surgery	Surgery
24310	Tenotomy, open, elbow to shoulder, each tendon	616.15	Active	Surgery	Surgery
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	1,013.06	Active	Surgery	Surgery
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	962.03	Active	Surgery	Surgery
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	1,063.77	Active	Surgery	Surgery
24332	Tenolysis, triceps	767.26	Active	Surgery	Surgery
24340	Tenodesis of biceps tendon at elbow (separate procedure)	816.11	Active	Surgery	Surgery
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	849.10	Active	Surgery	Surgery
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	1,071.10	Active	Surgery	Surgery
24343	Repair lateral collateral ligament, elbow, with local tissue	901.16	Active	Surgery	Surgery

24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	1,408.46	Active	Surgery	Surgery
24345	Repair medial collateral ligament, elbow, with local tissue	898.43	Active	Surgery	Surgery
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	1,396.92	Active	Surgery	Surgery
24350	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);	569.37	Active	Surgery	Surgery
24351	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment	635.57	Active	Surgery	Surgery
24352	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection	680.70	Active	Surgery	Surgery
24354	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping	676.48	Active	Surgery	Surgery
24356	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial osteotomy	697.55	Active	Surgery	Surgery
24360	Arthroplasty, elbow; with membrane (eg, fascial)	1,212.45	Active	Surgery	Surgery
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	1,347.47	Active	Surgery	Surgery
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	1,441.46	Active	Surgery	Surgery
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	1,789.02	Active	Surgery	Surgery
24365	Arthroplasty, radial head;	853.72	Active	Surgery	Surgery
24366	Arthroplasty, radial head; with implant	916.24	Active	Surgery	Surgery
24400	Osteotomy, humerus, with or without internal fixation	1,113.85	Active	Surgery	Surgery
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	1,438.33	Active	Surgery	Surgery
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	1,317.25	Active	Surgery	Surgery
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	1,269.95	Active	Surgery	Surgery
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	1,335.27	Active	Surgery	Surgery
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	898.91	Active	Surgery	Surgery
24495	Decompression fasciotomy, forearm, with brachial artery exploration	855.36	Active	Surgery	Surgery
24498	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, humeral shaft	1,189.17	Active	Surgery	Surgery
24500	Closed treatment of humeral shaft fracture; without manipulation	392.49	Active	Surgery	Surgery
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	604.85	Active	Surgery	Surgery
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	1,174.84	Active	Surgery	Surgery
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	1,165.49	Active	Surgery	Surgery
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	429.17	Active	Surgery	Surgery
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	770.96	Active	Surgery	Surgery
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	990.66	Active	Surgery	Surgery
24545	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension	1,056.60	Active	Surgery	Surgery

24546	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension	1,538.39	Active	Surgery	Surgery
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	351.73	Active	Surgery	Surgery
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	628.76	Active	Surgery	Surgery
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	842.16	Active	Surgery	Surgery
24575	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation	1,070.40	Active	Surgery	Surgery
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	367.50	Active	Surgery	Surgery
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	653.11	Active	Surgery	Surgery
24579	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation	1,153.67	Active	Surgery	Surgery
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	939.37	Active	Surgery	Surgery
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	1,499.06	Active	Surgery	Surgery
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	1,468.47	Active	Surgery	Surgery
24600	Treatment of closed elbow dislocation; without anesthesia	435.56	Active	Surgery	Surgery
24605	Treatment of closed elbow dislocation; requiring anesthesia	572.47	Active	Surgery	Surgery
24615	Open treatment of acute or chronic elbow dislocation	952.34	Active	Surgery	Surgery
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	701.09	Active	Surgery	Surgery
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation	1,448.05	Active	Surgery	Surgery
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	136.05	Active	Surgery	Surgery
24650	Closed treatment of radial head or neck fracture; without manipulation	284.50	Active	Surgery	Surgery
24655	Closed treatment of radial head or neck fracture; with manipulation	516.19	Active	Surgery	Surgery
24665	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;	853.88	Active	Surgery	Surgery
24666	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement	967.49	Active	Surgery	Surgery
24670	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation	322.61	Active	Surgery	Surgery
24675	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation	550.90	Active	Surgery	Surgery
24685	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation	901.58	Active	Surgery	Surgery
24800	Arthrodesis, elbow joint; local	1,064.73	Active	Surgery	Surgery
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	1,357.62	Active	Surgery	Surgery
24900	Amputation, arm through humerus; with primary closure	921.25	Active	Surgery	Surgery
24920	Amputation, arm through humerus; open, circular (guillotine)	928.69	Active	Surgery	Surgery
24925	Amputation, arm through humerus; secondary closure or scar revision	711.38	Active	Surgery	Surgery

24930	Amputation, arm through humerus; re-amputation	979.30	Active	Surgery	Surgery
24931	Amputation, arm through humerus; with implant	1,069.99	Active	Surgery	Surgery
24935	Stump elongation, upper extremity	1,312.21	Active	Surgery	Surgery
24940	Cineplasty, upper extremity, complete procedure	0.00	Active	Surgery	Surgery
24999	Unlisted procedure, humerus or elbow	0.00	Active	Surgery	Surgery
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	478.42	Active	Surgery	Surgery
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	386.61	Active	Surgery	Surgery
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	746.54	Active	Surgery	Surgery
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	1,424.99	Active	Surgery	Surgery
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	901.19	Active	Surgery	Surgery
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	1,366.79	Active	Surgery	Surgery
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	648.15	Active	Surgery	Surgery
25031	Incision and drainage, forearm and/or wrist; bursa	561.08	Active	Surgery	Surgery
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	1,002.18	Active	Surgery	Surgery
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	760.06	Active	Surgery	Surgery
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	222.57	Active	Surgery	Surgery
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	532.63	Active	Surgery	Surgery
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	459.69	Active	Surgery	Surgery
25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)	669.97	Active	Surgery	Surgery
25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area	1,083.19	Active	Surgery	Surgery
25085	Capsulotomy, wrist (eg, contracture)	629.76	Active	Surgery	Surgery
25100	Arthrotomy, wrist joint; with biopsy	452.05	Active	Surgery	Surgery
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	535.22	Active	Surgery	Surgery
25105	Arthrotomy, wrist joint; with synovectomy	663.17	Active	Surgery	Surgery
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	736.10	Active	Surgery	Surgery
25110	Excision, lesion of tendon sheath, forearm and/or wrist	519.86	Active	Surgery	Surgery
25111	Excision of ganglion, wrist (dorsal or volar); primary	399.78	Active	Surgery	Surgery
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	497.44	Active	Surgery	Surgery
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	1,091.55	Active	Surgery	Surgery
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	953.05	Active	Surgery	Surgery
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	504.12	Active	Surgery	Surgery
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	688.66	Active	Surgery	Surgery

25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	854.17	Active	Surgery	Surgery
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	949.47	Active	Surgery	Surgery
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	995.42	Active	Surgery	Surgery
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	586.52	Active	Surgery	Surgery
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	732.10	Active	Surgery	Surgery
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	663.08	Active	Surgery	Surgery
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	866.32	Active	Surgery	Surgery
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	786.02	Active	Surgery	Surgery
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	962.71	Active	Surgery	Surgery
25170	Radical resection for tumor, radius or ulna	1,307.22	Active	Surgery	Surgery
25210	Carpectomy; one bone	642.66	Active	Surgery	Surgery
25215	Carpectomy; all bones of proximal row	847.74	Active	Surgery	Surgery
25230	Radial styloidectomy (separate procedure)	573.79	Active	Surgery	Surgery
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	602.84	Active	Surgery	Surgery
25246	Injection procedure for wrist arthrography	196.75	Active	Surgery	Surgery
25248	Exploration with removal of deep foreign body, forearm or wrist	640.06	Active	Surgery	Surgery
25250	Removal of wrist prosthesis; (separate procedure)	669.22	Active	Surgery	Surgery
25251	Removal of wrist prosthesis; complicated, including total wrist	902.07	Active	Surgery	Surgery
25259	Manipulation, wrist, under anesthesia	466.60	Active	Surgery	Surgery
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	1,002.26	Active	Surgery	Surgery
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	999.60	Active	Surgery	Surgery
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	1,174.36	Active	Surgery	Surgery
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	839.02	Active	Surgery	Surgery
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	937.96	Active	Surgery	Surgery
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	1,083.22	Active	Surgery	Surgery
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	853.87	Active	Surgery	Surgery
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	934.73	Active	Surgery	Surgery
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	888.91	Active	Surgery	Surgery
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	875.63	Active	Surgery	Surgery
25300	Tenodesis at wrist; flexors of fingers	887.86	Active	Surgery	Surgery
25301	Tenodesis at wrist; extensors of fingers	862.73	Active	Surgery	Surgery

25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	1,010.47	Active	Surgery	Surgery
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	1,137.82	Active	Surgery	Surgery
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	1,210.02	Active	Surgery	Surgery
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	1,391.79	Active	Surgery	Surgery
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	1,134.81	Active	Surgery	Surgery
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	1,123.84	Active	Surgery	Surgery
25335	Centralization of wrist on ulna (eg, radial club hand)	1,285.76	Active	Surgery	Surgery
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	1,098.69	Active	Surgery	Surgery
25350	Osteotomy, radius; distal third	1,114.28	Active	Surgery	Surgery
25355	Osteotomy, radius; middle or proximal third	1,242.53	Active	Surgery	Surgery
25360	Osteotomy; ulna	1,087.18	Active	Surgery	Surgery
25365	Osteotomy; radius AND ulna	1,447.10	Active	Surgery	Surgery
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	1,525.57	Active	Surgery	Surgery
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	1,520.63	Active	Surgery	Surgery
25390	Osteoplasty, radius OR ulna; shortening	1,237.09	Active	Surgery	Surgery
25391	Osteoplasty, radius OR ulna; lengthening with autograft	1,542.10	Active	Surgery	Surgery
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	1,514.91	Active	Surgery	Surgery
25393	Osteoplasty, radius AND ulna; lengthening with autograft	1,768.86	Active	Surgery	Surgery
25394	Osteoplasty, carpal bone, shortening	999.92	Active	Surgery	Surgery
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	1,310.25	Active	Surgery	Surgery
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	1,617.36	Active	Surgery	Surgery
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	1,520.96	Active	Surgery	Surgery
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	1,785.72	Active	Surgery	Surgery
25425	Repair of defect with autograft; radius OR ulna	1,668.54	Active	Surgery	Surgery
25426	Repair of defect with autograft; radius AND ulna	1,692.19	Active	Surgery	Surgery
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	870.21	Active	Surgery	Surgery
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	1,068.16	Active	Surgery	Surgery
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	1,055.44	Active	Surgery	Surgery
25441	Arthroplasty with prosthetic replacement; distal radius	1,258.03	Active	Surgery	Surgery
25442	Arthroplasty with prosthetic replacement; distal ulna	1,037.10	Active	Surgery	Surgery
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	985.57	Active	Surgery	Surgery
25444	Arthroplasty with prosthetic replacement; lunate	1,086.79	Active	Surgery	Surgery

25445	Arthroplasty with prosthetic replacement; trapezium	960.81	Active	Surgery	Surgery
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	1,549.61	Active	Surgery	Surgery
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	1,022.97	Active	Surgery	Surgery
25449	Revision of arthroplasty, including removal of implant, wrist joint	1,373.23	Active	Surgery	Surgery
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	926.82	Active	Surgery	Surgery
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	947.88	Active	Surgery	Surgery
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	1,132.81	Active	Surgery	Surgery
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	1,205.91	Active	Surgery	Surgery
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	1,430.24	Active	Surgery	Surgery
25500	Closed treatment of radial shaft fracture; without manipulation	289.49	Active	Surgery	Surgery
25505	Closed treatment of radial shaft fracture; with manipulation	606.23	Active	Surgery	Surgery
25515	Open treatment of radial shaft fracture, with or without internal or external fixation	927.95	Active	Surgery	Surgery
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	693.54	Active	Surgery	Surgery
25525	Open treatment of radial shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation	1,238.60	Active	Surgery	Surgery
25526	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage complex	1,404.21	Active	Surgery	Surgery
25530	Closed treatment of ulnar shaft fracture; without manipulation	279.08	Active	Surgery	Surgery
25535	Closed treatment of ulnar shaft fracture; with manipulation	583.14	Active	Surgery	Surgery
25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation	912.43	Active	Surgery	Surgery
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	293.23	Active	Surgery	Surgery
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	634.84	Active	Surgery	Surgery
25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna	760.01	Active	Surgery	Surgery
25575	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna	1,091.48	Active	Surgery	Surgery
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	327.49	Active	Surgery	Surgery
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	673.18	Active	Surgery	Surgery
25611	Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation	876.44	Active	Surgery	Surgery

25620	Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation	864.33	Active	Surgery	Surgery
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	331.11	Active	Surgery	Surgery
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	544.42	Active	Surgery	Surgery
25628	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation	869.82	Active	Surgery	Surgery
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone	346.48	Active	Surgery	Surgery
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone	522.49	Active	Surgery	Surgery
25645	Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone	748.65	Active	Surgery	Surgery
25650	Closed treatment of ulnar styloid fracture	358.18	Active	Surgery	Surgery
25651	Percutaneous skeletal fixation of ulnar styloid fracture	568.79	Active	Surgery	Surgery
25652	Open treatment of ulnar styloid fracture	778.04	Active	Surgery	Surgery
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation	466.91	Active	Surgery	Surgery
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	803.59	Active	Surgery	Surgery
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	643.81	Active	Surgery	Surgery
25675	Closed treatment of distal radioulnar dislocation with manipulation	503.09	Active	Surgery	Surgery
25676	Open treatment of distal radioulnar dislocation, acute or chronic	830.01	Active	Surgery	Surgery
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	555.32	Active	Surgery	Surgery
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	966.87	Active	Surgery	Surgery
25690	Closed treatment of lunate dislocation, with manipulation	578.94	Active	Surgery	Surgery
25695	Open treatment of lunate dislocation	831.89	Active	Surgery	Surgery
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	1,005.76	Active	Surgery	Surgery
25805	Arthrodesis, wrist; with sliding graft	1,150.46	Active	Surgery	Surgery
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	1,085.33	Active	Surgery	Surgery
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	802.91	Active	Surgery	Surgery
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	961.62	Active	Surgery	Surgery
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	1,199.15	Active	Surgery	Surgery
25900	Amputation, forearm, through radius and ulna;	1,046.89	Active	Surgery	Surgery
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	1,059.86	Active	Surgery	Surgery
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	932.31	Active	Surgery	Surgery
25909	Amputation, forearm, through radius and ulna; re-amputation	1,059.47	Active	Surgery	Surgery
25915	Krukenberg procedure	1,894.70	Active	Surgery	Surgery
25920	Disarticulation through wrist;	877.90	Active	Surgery	Surgery
25922	Disarticulation through wrist; secondary closure or scar revision	756.25	Active	Surgery	Surgery

25924	Disarticulation through wrist; re-amputation	871.61	Active	Surgery	Surgery
25927	Transmetacarpal amputation;	1,001.88	Active	Surgery	Surgery
25929	Transmetacarpal amputation; secondary closure or scar revision	726.10	Active	Surgery	Surgery
25931	Transmetacarpal amputation; re-amputation	931.18	Active	Surgery	Surgery
25999	Unlisted procedure, forearm or wrist	0.00	Active	Surgery	Surgery
26010	Drainage of finger abscess; simple	290.25	Active	Surgery	Surgery
26011	Drainage of finger abscess; complicated (eg, felon)	457.19	Active	Surgery	Surgery
26020	Drainage of tendon sheath, digit and/or palm, each	512.13	Active	Surgery	Surgery
26025	Drainage of palmar bursa; single, bursa	515.46	Active	Surgery	Surgery
26030	Drainage of palmar bursa; multiple bursa	611.81	Active	Surgery	Surgery
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	662.23	Active	Surgery	Surgery
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	934.91	Active	Surgery	Surgery
26037	Decompressive fasciotomy, hand (excludes 26035)	725.54	Active	Surgery	Surgery
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	375.15	Active	Surgery	Surgery
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	595.16	Active	Surgery	Surgery
26055	Tendon sheath incision (eg, for trigger finger)	688.28	Active	Surgery	Surgery
26060	Tenotomy, percutaneous, single, each digit	320.31	Active	Surgery	Surgery
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	357.22	Active	Surgery	Surgery
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	384.83	Active	Surgery	Surgery
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	463.90	Active	Surgery	Surgery
26100	Arthrotomy with biopsy; carpometacarpal joint, each	393.65	Active	Surgery	Surgery
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	407.64	Active	Surgery	Surgery
26110	Arthrotomy with biopsy; interphalangeal joint, each	382.84	Active	Surgery	Surgery
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous	721.96	Active	Surgery	Surgery
26116	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)	590.46	Active	Surgery	Surgery
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger	829.13	Active	Surgery	Surgery
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	767.05	Active	Surgery	Surgery
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	952.83	Active	Surgery	Surgery
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	403.13	Active	Surgery	Surgery
26130	Synovectomy, carpometacarpal joint	580.61	Active	Surgery	Surgery
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	707.52	Active	Surgery	Surgery
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	633.05	Active	Surgery	Surgery
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	648.58	Active	Surgery	Surgery
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	649.74	Active	Surgery	Surgery

26170	Excision of tendon, palm, flexor, single (separate procedure), each	494.74	Active	Surgery	Surgery
26180	Excision of tendon, finger, flexor (separate procedure), each tendon	544.61	Active	Surgery	Surgery
26185	Sesamoidectomy, thumb or finger (separate procedure)	574.35	Active	Surgery	Surgery
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	574.16	Active	Surgery	Surgery
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	776.69	Active	Surgery	Surgery
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	545.46	Active	Surgery	Surgery
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	692.35	Active	Surgery	Surgery
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	651.22	Active	Surgery	Surgery
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	631.23	Active	Surgery	Surgery
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	552.72	Active	Surgery	Surgery
26250	Radical resection, metacarpal (eg, tumor);	731.44	Active	Surgery	Surgery
26255	Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)	1,147.42	Active	Surgery	Surgery
26260	Radical resection, proximal or middle phalanx of finger (eg, tumor);	690.18	Active	Surgery	Surgery
26261	Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)	799.94	Active	Surgery	Surgery
26262	Radical resection, distal phalanx of finger (eg, tumor)	580.24	Active	Surgery	Surgery
26320	Removal of implant from finger or hand	421.83	Active	Surgery	Surgery
26340	Manipulation, finger joint, under anesthesia, each joint	344.06	Active	Surgery	Surgery
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	924.79	Active	Surgery	Surgery
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	1,057.60	Active	Surgery	Surgery
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	1,192.86	Active	Surgery	Surgery
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	1,140.71	Active	Surgery	Surgery
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	1,208.22	Active	Surgery	Surgery
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	1,023.06	Active	Surgery	Surgery
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	1,191.87	Active	Surgery	Surgery
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	1,119.48	Active	Surgery	Surgery
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	1,097.12	Active	Surgery	Surgery
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	1,291.51	Active	Surgery	Surgery

26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	739.08	Active	Surgery	Surgery
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	898.98	Active	Surgery	Surgery
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	934.65	Active	Surgery	Surgery
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	1,042.34	Active	Surgery	Surgery
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	725.92	Active	Surgery	Surgery
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	948.57	Active	Surgery	Surgery
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	884.86	Active	Surgery	Surgery
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	978.69	Active	Surgery	Surgery
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	639.18	Active	Surgery	Surgery
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	694.52	Active	Surgery	Surgery
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	822.32	Active	Surgery	Surgery
26437	Realignment of extensor tendon, hand, each tendon	804.87	Active	Surgery	Surgery
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	811.08	Active	Surgery	Surgery
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	1,110.71	Active	Surgery	Surgery
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	753.33	Active	Surgery	Surgery
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	1,031.02	Active	Surgery	Surgery
26450	Tenotomy, flexor, palm, open, each tendon	513.69	Active	Surgery	Surgery
26455	Tenotomy, flexor, finger, open, each tendon	508.92	Active	Surgery	Surgery
26460	Tenotomy, extensor, hand or finger, open, each tendon	491.15	Active	Surgery	Surgery
26471	Tenodesis; of proximal interphalangeal joint, each joint	787.87	Active	Surgery	Surgery
26474	Tenodesis; of distal joint, each joint	754.52	Active	Surgery	Surgery
26476	Lengthening of tendon, extensor, hand or finger, each tendon	737.96	Active	Surgery	Surgery
26477	Shortening of tendon, extensor, hand or finger, each tendon	744.73	Active	Surgery	Surgery
26478	Lengthening of tendon, flexor, hand or finger, each tendon	815.15	Active	Surgery	Surgery
26479	Shortening of tendon, flexor, hand or finger, each tendon	806.44	Active	Surgery	Surgery
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	985.20	Active	Surgery	Surgery
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	1,111.22	Active	Surgery	Surgery
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	1,061.98	Active	Surgery	Surgery
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	1,045.00	Active	Surgery	Surgery
26490	Opponensplasty; superficialis tendon transfer type, each tendon	1,014.62	Active	Surgery	Surgery
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	1,126.39	Active	Surgery	Surgery
26494	Opponensplasty; hypothenar muscle transfer	1,034.72	Active	Surgery	Surgery
26496	Opponensplasty; other methods	1,121.14	Active	Surgery	Surgery

26497	Transfer of tendon to restore intrinsic function; ring and small finger	1,125.01	Active	Surgery	Surgery
26498	Transfer of tendon to restore intrinsic function; all four fingers	1,523.96	Active	Surgery	Surgery
26499	Correction claw finger, other methods	1,071.09	Active	Surgery	Surgery
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	808.06	Active	Surgery	Surgery
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	918.70	Active	Surgery	Surgery
26504	Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure)	971.84	Active	Surgery	Surgery
26508	Release of thenar muscle(s) (eg, thumb contracture)	832.62	Active	Surgery	Surgery
26510	Cross intrinsic transfer, each tendon	762.74	Active	Surgery	Surgery
26516	Capsulodesis, metacarpophalangeal joint; single digit	921.45	Active	Surgery	Surgery
26517	Capsulodesis, metacarpophalangeal joint; two digits	1,091.28	Active	Surgery	Surgery
26518	Capsulodesis, metacarpophalangeal joint; three or four digits	1,084.90	Active	Surgery	Surgery
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	847.70	Active	Surgery	Surgery
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	853.50	Active	Surgery	Surgery
26530	Arthroplasty, metacarpophalangeal joint; each joint	679.71	Active	Surgery	Surgery
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	788.24	Active	Surgery	Surgery
26535	Arthroplasty, interphalangeal joint; each joint	476.58	Active	Surgery	Surgery
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	773.99	Active	Surgery	Surgery
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	858.74	Active	Surgery	Surgery
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	1,055.62	Active	Surgery	Surgery
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	884.39	Active	Surgery	Surgery
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	899.42	Active	Surgery	Surgery
26546	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)	1,153.39	Active	Surgery	Surgery
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	997.82	Active	Surgery	Surgery
26550	Pollicization of a digit	1,940.82	Active	Surgery	Surgery
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	4,500.72	Active	Surgery	Surgery
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	3,168.20	Active	Surgery	Surgery
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	5,287.57	Active	Surgery	Surgery
26555	Transfer, finger to another position without microvascular anastomosis	1,772.33	Active	Surgery	Surgery
26556	Transfer, free toe joint, with microvascular anastomosis	3,608.00	Active	Surgery	Surgery
26560	Repair of syndactyly (web finger) each web space; with skin flaps	717.87	Active	Surgery	Surgery
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	1,146.14	Active	Surgery	Surgery
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	1,623.18	Active	Surgery	Surgery
26565	Osteotomy; metacarpal, each	878.47	Active	Surgery	Surgery

26567	Osteotomy; phalanx of finger, each	886.84	Active	Surgery	Surgery
26568	Osteoplasty, lengthening, metacarpal or phalanx	1,182.85	Active	Surgery	Surgery
26580	Repair cleft hand	1,644.50	Active	Surgery	Surgery
26587	Reconstruction of polydactylous digit, soft tissue and bone	1,183.90	Active	Surgery	Surgery
26590	Repair macrodactylia, each digit	1,732.16	Active	Surgery	Surgery
26591	Repair, intrinsic muscles of hand, each muscle	556.59	Active	Surgery	Surgery
26593	Release, intrinsic muscles of hand, each muscle	748.62	Active	Surgery	Surgery
26596	Excision of constricting ring of finger, with multiple Z-plasties	937.41	Active	Surgery	Surgery
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	261.32	Active	Surgery	Surgery
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	365.45	Active	Surgery	Surgery
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	597.92	Active	Surgery	Surgery
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	599.00	Active	Surgery	Surgery
26615	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone	561.28	Active	Surgery	Surgery
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	393.81	Active	Surgery	Surgery
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	483.95	Active	Surgery	Surgery
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation	640.07	Active	Surgery	Surgery
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation	709.75	Active	Surgery	Surgery
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	372.49	Active	Surgery	Surgery
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	522.08	Active	Surgery	Surgery
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	626.31	Active	Surgery	Surgery
26685	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint	700.82	Active	Surgery	Surgery
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction	794.26	Active	Surgery	Surgery
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	348.10	Active	Surgery	Surgery
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	478.76	Active	Surgery	Surgery
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	535.94	Active	Surgery	Surgery
26715	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation	594.74	Active	Surgery	Surgery
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	209.27	Active	Surgery	Surgery
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	400.09	Active	Surgery	Surgery
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	585.74	Active	Surgery	Surgery

26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each	613.34	Active	Surgery	Surgery
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	245.61	Active	Surgery	Surgery
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	438.12	Active	Surgery	Surgery
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each	599.43	Active	Surgery	Surgery
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	197.04	Active	Surgery	Surgery
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	358.80	Active	Surgery	Surgery
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	509.57	Active	Surgery	Surgery
26765	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each	445.01	Active	Surgery	Surgery
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	294.62	Active	Surgery	Surgery
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	432.41	Active	Surgery	Surgery
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	547.21	Active	Surgery	Surgery
26785	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single	455.08	Active	Surgery	Surgery
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	1,039.07	Active	Surgery	Surgery
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	969.38	Active	Surgery	Surgery
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	1,045.92	Active	Surgery	Surgery
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	953.90	Active	Surgery	Surgery
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	1,068.06	Active	Surgery	Surgery
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	905.73	Active	Surgery	Surgery
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	1,020.93	Active	Surgery	Surgery
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	715.64	Active	Surgery	Surgery
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	153.52	Active	Surgery	Surgery
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	934.56	Active	Surgery	Surgery
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	336.93	Active	Surgery	Surgery
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	915.75	Active	Surgery	Surgery
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	671.85	Active	Surgery	Surgery
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	839.32	Active	Surgery	Surgery

26989	Unlisted procedure, hands or fingers	0.00	Active	Surgery	Surgery
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	782.00	Active	Surgery	Surgery
26991	Incision and drainage, pelvis or hip joint area; infected bursa	865.92	Active	Surgery	Surgery
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	1,292.17	Active	Surgery	Surgery
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	594.06	Active	Surgery	Surgery
27001	Tenotomy, adductor of hip, open	723.89	Active	Surgery	Surgery
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	733.12	Active	Surgery	Surgery
27005	Tenotomy, hip flexor(s), open (separate procedure)	983.69	Active	Surgery	Surgery
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	984.78	Active	Surgery	Surgery
27025	Fasciotomy, hip or thigh, any type	1,093.21	Active	Surgery	Surgery
27030	Arthrotomy, hip, with drainage (eg, infection)	1,283.78	Active	Surgery	Surgery
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	1,320.16	Active	Surgery	Surgery
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	1,474.67	Active	Surgery	Surgery
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	1,290.75	Active	Surgery	Surgery
27040	Biopsy, soft tissue of pelvis and hip area; superficial	350.98	Active	Surgery	Surgery
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	887.17	Active	Surgery	Surgery
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	743.70	Active	Surgery	Surgery
27048	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular	593.13	Active	Surgery	Surgery
27049	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)	1,232.63	Active	Surgery	Surgery
27050	Arthrotomy, with biopsy; sacroiliac joint	443.48	Active	Surgery	Surgery
27052	Arthrotomy, with biopsy; hip joint	658.32	Active	Surgery	Surgery
27054	Arthrotomy with synovectomy, hip joint	875.52	Active	Surgery	Surgery
27060	Excision; ischial bursa	522.35	Active	Surgery	Surgery
27062	Excision; trochanteric bursa or calcification	571.53	Active	Surgery	Surgery
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	616.75	Active	Surgery	Surgery
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	1,045.46	Active	Surgery	Surgery
27067	Excision of bone cyst or benign tumor; with autograft requiring separate incision	1,279.60	Active	Surgery	Surgery
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	1,077.37	Active	Surgery	Surgery
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	1,174.77	Active	Surgery	Surgery
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	3,142.11	Active	Surgery	Surgery
27076	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	2,092.19	Active	Surgery	Surgery
27077	Radical resection of tumor or infection; innominate bone, total	3,558.21	Active	Surgery	Surgery

27078	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur	1,305.29	Active	Surgery	Surgery
27079	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps	1,255.08	Active	Surgery	Surgery
27080	Coccygectomy, primary	601.86	Active	Surgery	Surgery
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	281.24	Active	Surgery	Surgery
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	830.76	Active	Surgery	Surgery
27090	Removal of hip prosthesis; (separate procedure)	1,118.77	Active	Surgery	Surgery
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	2,099.76	Active	Surgery	Surgery
27093	Injection procedure for hip arthrography; without anesthesia	232.81	Active	Surgery	Surgery
27095	Injection procedure for hip arthrography; with anesthesia	287.04	Active	Surgery	Surgery
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	224.40	Active	Surgery	Surgery
27097	Release or recession, hamstring, proximal	871.96	Active	Surgery	Surgery
27098	Transfer, adductor to ischium	784.82	Active	Surgery	Surgery
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	1,095.75	Active	Surgery	Surgery
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	1,119.29	Active	Surgery	Surgery
27110	Transfer iliopsoas; to greater trochanter of femur	1,261.86	Active	Surgery	Surgery
27111	Transfer iliopsoas; to femoral neck	1,173.20	Active	Surgery	Surgery
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	1,715.95	Active	Surgery	Surgery
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	1,477.45	Active	Surgery	Surgery
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	1,438.27	Active	Surgery	Surgery
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	1,930.34	Active	Surgery	Surgery
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	2,241.33	Active	Surgery	Surgery
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	2,695.56	Active	Surgery	Surgery
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	2,026.62	Active	Surgery	Surgery
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	2,114.89	Active	Surgery	Surgery
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	1,216.74	Active	Surgery	Surgery
27146	Osteotomy, iliac, acetabular or innominate bone;	1,680.61	Active	Surgery	Surgery
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	1,960.43	Active	Surgery	Surgery
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	1,917.84	Active	Surgery	Surgery
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	2,342.10	Active	Surgery	Surgery
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	1,773.13	Active	Surgery	Surgery
27161	Osteotomy, femoral neck (separate procedure)	1,645.58	Active	Surgery	Surgery
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	1,752.67	Active	Surgery	Surgery
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	1,567.90	Active	Surgery	Surgery
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	847.15	Active	Surgery	Surgery

27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	1,214.28	Active	Surgery	Surgery
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	1,476.48	Active	Surgery	Surgery
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	1,166.22	Active	Surgery	Surgery
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	1,292.87	Active	Surgery	Surgery
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	1,251.91	Active	Surgery	Surgery
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	1,071.37	Active	Surgery	Surgery
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	1,349.19	Active	Surgery	Surgery
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	581.06	Active	Surgery	Surgery
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	965.01	Active	Surgery	Surgery
27200	Closed treatment of coccygeal fracture	204.55	Active	Surgery	Surgery
27202	Open treatment of coccygeal fracture	1,070.47	Active	Surgery	Surgery
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation	1,018.30	Active	Surgery	Surgery
27216	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)	1,439.63	Active	Surgery	Surgery
27217	Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)	1,374.13	Active	Surgery	Surgery
27218	Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)	1,861.90	Active	Surgery	Surgery
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	648.89	Active	Surgery	Surgery
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	1,269.73	Active	Surgery	Surgery
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	1,339.28	Active	Surgery	Surgery
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	2,240.70	Active	Surgery	Surgery
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	2,582.67	Active	Surgery	Surgery
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	591.65	Active	Surgery	Surgery
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	1,026.86	Active	Surgery	Surgery
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	1,214.74	Active	Surgery	Surgery
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	1,521.69	Active	Surgery	Surgery
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	568.73	Active	Surgery	Surgery
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	1,238.65	Active	Surgery	Surgery

27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	1,555.34	Active	Surgery	Surgery
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	1,957.15	Active	Surgery	Surgery
27246	Closed treatment of greater trochanteric fracture, without manipulation	496.78	Active	Surgery	Surgery
27248	Open treatment of greater trochanteric fracture, with or without internal or external fixation	1,046.10	Active	Surgery	Surgery
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	563.50	Active	Surgery	Surgery
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	990.04	Active	Surgery	Surgery
27253	Open treatment of hip dislocation, traumatic, without internal fixation	1,281.29	Active	Surgery	Surgery
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	1,748.67	Active	Surgery	Surgery
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	377.41	Active	Surgery	Surgery
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	439.98	Active	Surgery	Surgery
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	1,495.90	Active	Surgery	Surgery
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	2,061.64	Active	Surgery	Surgery
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	490.79	Active	Surgery	Surgery
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	764.65	Active	Surgery	Surgery
27275	Manipulation, hip joint, requiring general anesthesia	238.02	Active	Surgery	Surgery
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	1,369.04	Active	Surgery	Surgery
27282	Arthrodesis, symphysis pubis (including obtaining graft)	1,085.30	Active	Surgery	Surgery
27284	Arthrodesis, hip joint (including obtaining graft);	2,195.56	Active	Surgery	Surgery
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	2,090.24	Active	Surgery	Surgery
27290	Interpelviabdominal amputation (hindquarter amputation)	2,077.97	Active	Surgery	Surgery
27295	Disarticulation of hip	1,701.70	Active	Surgery	Surgery
27299	Unlisted procedure, pelvis or hip joint	0.00	Active	Surgery	Surgery
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	807.75	Active	Surgery	Surgery
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	844.98	Active	Surgery	Surgery
27305	Fasciotomy, iliotibial (tenotomy), open	608.58	Active	Surgery	Surgery
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	509.04	Active	Surgery	Surgery
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	615.74	Active	Surgery	Surgery
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	939.44	Active	Surgery	Surgery
27315	Neurectomy, hamstring muscle	658.82	Active	Surgery	Surgery

27320	Neurectomy, popliteal (gastrocnemius)	635.23	Active	Surgery	Surgery
27323	Biopsy, soft tissue of thigh or knee area; superficial	260.79	Active	Surgery	Surgery
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	484.51	Active	Surgery	Surgery
27327	Excision, tumor, thigh or knee area; subcutaneous	509.94	Active	Surgery	Surgery
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular	535.34	Active	Surgery	Surgery
27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area	1,288.90	Active	Surgery	Surgery
27330	Arthrotomy, knee; with synovial biopsy only	520.42	Active	Surgery	Surgery
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	620.44	Active	Surgery	Surgery
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	849.41	Active	Surgery	Surgery
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	762.75	Active	Surgery	Surgery
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	891.78	Active	Surgery	Surgery
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	1,015.46	Active	Surgery	Surgery
27340	Excision, prepatellar bursa	461.92	Active	Surgery	Surgery
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	622.06	Active	Surgery	Surgery
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	605.68	Active	Surgery	Surgery
27350	Patellectomy or hemipatellectomy	845.80	Active	Surgery	Surgery
27355	Excision or curettage of bone cyst or benign tumor of femur;	791.62	Active	Surgery	Surgery
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	964.75	Active	Surgery	Surgery
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	1,091.54	Active	Surgery	Surgery
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	432.60	Active	Surgery	Surgery
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	1,098.52	Active	Surgery	Surgery
27365	Radical resection of tumor, bone, femur or knee	1,585.99	Active	Surgery	Surgery
27370	Injection procedure for knee arthrography	183.96	Active	Surgery	Surgery
27372	Removal of foreign body, deep, thigh region or knee area	711.66	Active	Surgery	Surgery
27380	Suture of infrapatellar tendon; primary	774.43	Active	Surgery	Surgery
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	1,068.74	Active	Surgery	Surgery
27385	Suture of quadriceps or hamstring muscle rupture; primary	833.13	Active	Surgery	Surgery
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	1,103.20	Active	Surgery	Surgery
27390	Tenotomy, open, hamstring, knee to hip; single tendon	564.95	Active	Surgery	Surgery
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	749.41	Active	Surgery	Surgery
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	929.76	Active	Surgery	Surgery
27393	Lengthening of hamstring tendon; single tendon	666.89	Active	Surgery	Surgery
27394	Lengthening of hamstring tendon; multiple tendons, one leg	869.67	Active	Surgery	Surgery
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	1,179.68	Active	Surgery	Surgery
27396	Transplant, hamstring tendon to patella; single tendon	812.00	Active	Surgery	Surgery

27397	Transplant, hamstring tendon to patella; multiple tendons	1,112.07	Active	Surgery	Surgery
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	864.43	Active	Surgery	Surgery
27403	Arthrotomy with meniscus repair, knee	855.79	Active	Surgery	Surgery
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	892.43	Active	Surgery	Surgery
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	1,037.42	Active	Surgery	Surgery
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	1,286.33	Active	Surgery	Surgery
27412	Autologous chondrocyte implantation, knee	2,265.31	Active	Surgery	Surgery
27415	Osteochondral allograft, knee, open	1,986.86	Active	Surgery	Surgery
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	1,099.64	Active	Surgery	Surgery
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	999.16	Active	Surgery	Surgery
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	995.63	Active	Surgery	Surgery
27424	Reconstruction of dislocating patella; with patellectomy	995.86	Active	Surgery	Surgery
27425	Lateral retinacular release, open	571.32	Active	Surgery	Surgery
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	954.41	Active	Surgery	Surgery
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	1,409.36	Active	Surgery	Surgery
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	1,564.00	Active	Surgery	Surgery
27430	Quadricepsplasty (eg, Bennett or Thompson type)	985.05	Active	Surgery	Surgery
27435	Capsulotomy, posterior capsular release, knee	994.06	Active	Surgery	Surgery
27437	Arthroplasty, patella; without prosthesis	872.20	Active	Surgery	Surgery
27438	Arthroplasty, patella; with prosthesis	1,115.26	Active	Surgery	Surgery
27440	Arthroplasty, knee, tibial plateau;	968.34	Active	Surgery	Surgery
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	1,022.15	Active	Surgery	Surgery
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	1,181.08	Active	Surgery	Surgery
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	1,100.32	Active	Surgery	Surgery
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	1,720.01	Active	Surgery	Surgery
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	1,555.37	Active	Surgery	Surgery
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	2,084.14	Active	Surgery	Surgery
27448	Osteotomy, femur, shaft or supracondylar; without fixation	1,108.38	Active	Surgery	Surgery
27450	Osteotomy, femur, shaft or supracondylar; with fixation	1,385.65	Active	Surgery	Surgery
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	1,727.20	Active	Surgery	Surgery
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	1,280.52	Active	Surgery	Surgery
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure	1,326.23	Active	Surgery	Surgery
27465	Osteoplasty, femur; shortening (excluding 64876)	1,377.35	Active	Surgery	Surgery
27466	Osteoplasty, femur; lengthening	1,590.19	Active	Surgery	Surgery
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	1,813.45	Active	Surgery	Surgery
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	1,581.34	Active	Surgery	Surgery

27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	1,731.37	Active	Surgery	Surgery
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	855.81	Active	Surgery	Surgery
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	990.38	Active	Surgery	Surgery
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	1,366.77	Active	Surgery	Surgery
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	900.89	Active	Surgery	Surgery
27486	Revision of total knee arthroplasty, with or without allograft; one component	1,876.23	Active	Surgery	Surgery
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	2,417.95	Active	Surgery	Surgery
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	1,555.43	Active	Surgery	Surgery
27495	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur	1,532.05	Active	Surgery	Surgery
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	627.64	Active	Surgery	Surgery
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	694.86	Active	Surgery	Surgery
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	763.46	Active	Surgery	Surgery
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	876.96	Active	Surgery	Surgery
27500	Closed treatment of femoral shaft fracture, without manipulation	642.92	Active	Surgery	Surgery
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	633.25	Active	Surgery	Surgery
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	1,042.83	Active	Surgery	Surgery
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	1,059.67	Active	Surgery	Surgery
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	1,716.34	Active	Surgery	Surgery
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	1,360.43	Active	Surgery	Surgery
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	642.05	Active	Surgery	Surgery
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	838.92	Active	Surgery	Surgery
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	910.73	Active	Surgery	Surgery
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation	1,383.91	Active	Surgery	Surgery
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation	1,790.23	Active	Surgery	Surgery
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation	1,724.44	Active	Surgery	Surgery
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	590.52	Active	Surgery	Surgery

27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	845.31	Active	Surgery	Surgery
27519	Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation	1,487.60	Active	Surgery	Surgery
27520	Closed treatment of patellar fracture, without manipulation	361.64	Active	Surgery	Surgery
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	1,015.81	Active	Surgery	Surgery
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	458.96	Active	Surgery	Surgery
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	786.65	Active	Surgery	Surgery
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation	1,190.25	Active	Surgery	Surgery
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	1,546.74	Active	Surgery	Surgery
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	567.05	Active	Surgery	Surgery
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation	1,284.85	Active	Surgery	Surgery
27550	Closed treatment of knee dislocation; without anesthesia	586.40	Active	Surgery	Surgery
27552	Closed treatment of knee dislocation; requiring anesthesia	815.50	Active	Surgery	Surgery
27556	Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction	1,455.04	Active	Surgery	Surgery
27557	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair	1,688.76	Active	Surgery	Surgery
27558	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation/reconstruction	1,745.60	Active	Surgery	Surgery
27560	Closed treatment of patellar dislocation; without anesthesia	399.85	Active	Surgery	Surgery
27562	Closed treatment of patellar dislocation; requiring anesthesia	576.17	Active	Surgery	Surgery
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	1,214.96	Active	Surgery	Surgery
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	188.27	Active	Surgery	Surgery
27580	Arthrodesis, knee, any technique	1,927.61	Active	Surgery	Surgery
27590	Amputation, thigh, through femur, any level;	1,047.21	Active	Surgery	Surgery
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	1,192.77	Active	Surgery	Surgery
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	893.63	Active	Surgery	Surgery
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	651.96	Active	Surgery	Surgery
27596	Amputation, thigh, through femur, any level; re-amputation	961.54	Active	Surgery	Surgery
27598	Disarticulation at knee	979.99	Active	Surgery	Surgery
27599	Unlisted procedure, femur or knee	0.00	Active	Surgery	Surgery
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	547.80	Active	Surgery	Surgery
27601	Decompression fasciotomy, leg; posterior compartment(s) only	547.86	Active	Surgery	Surgery
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	682.90	Active	Surgery	Surgery

27603	Incision and drainage, leg or ankle; deep abscess or hematoma	599.45	Active	Surgery	Surgery
27604	Incision and drainage, leg or ankle; infected bursa	521.89	Active	Surgery	Surgery
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	460.59	Active	Surgery	Surgery
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	413.35	Active	Surgery	Surgery
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	782.60	Active	Surgery	Surgery
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	842.91	Active	Surgery	Surgery
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	720.96	Active	Surgery	Surgery
27613	Biopsy, soft tissue of leg or ankle area; superficial	239.37	Active	Surgery	Surgery
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	624.51	Active	Surgery	Surgery
27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area	1,180.11	Active	Surgery	Surgery
27618	Excision, tumor, leg or ankle area; subcutaneous tissue	550.99	Active	Surgery	Surgery
27619	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)	906.25	Active	Surgery	Surgery
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	613.76	Active	Surgery	Surgery
27625	Arthrotomy, with synovectomy, ankle;	801.31	Active	Surgery	Surgery
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	878.38	Active	Surgery	Surgery
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	595.96	Active	Surgery	Surgery
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	794.31	Active	Surgery	Surgery
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	997.41	Active	Surgery	Surgery
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	1,059.25	Active	Surgery	Surgery
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	1,170.48	Active	Surgery	Surgery
27641	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula	938.00	Active	Surgery	Surgery
27645	Radical resection of tumor, bone; tibia	1,442.84	Active	Surgery	Surgery
27646	Radical resection of tumor, bone; fibula	1,280.03	Active	Surgery	Surgery
27647	Radical resection of tumor, bone; talus or calcaneus	1,090.43	Active	Surgery	Surgery
27648	Injection procedure for ankle arthrography	177.03	Active	Surgery	Surgery
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	951.25	Active	Surgery	Surgery
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	1,017.12	Active	Surgery	Surgery
27654	Repair, secondary, Achilles tendon, with or without graft	950.20	Active	Surgery	Surgery
27656	Repair, fascial defect of leg	611.00	Active	Surgery	Surgery
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	508.13	Active	Surgery	Surgery
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	676.30	Active	Surgery	Surgery
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	485.98	Active	Surgery	Surgery
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	557.77	Active	Surgery	Surgery
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	698.61	Active	Surgery	Surgery

27676	Repair, dislocating peroneal tendons; with fibular osteotomy	832.33	Active	Surgery	Surgery
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	584.06	Active	Surgery	Surgery
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	696.68	Active	Surgery	Surgery
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	699.15	Active	Surgery	Surgery
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	759.75	Active	Surgery	Surgery
27687	Gastrocnemius recession (eg, Strayer procedure)	624.86	Active	Surgery	Surgery
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	823.67	Active	Surgery	Surgery
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	980.17	Active	Surgery	Surgery
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	167.85	Active	Surgery	Surgery
27695	Repair, primary, disrupted ligament, ankle; collateral	664.51	Active	Surgery	Surgery
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	799.00	Active	Surgery	Surgery
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	896.34	Active	Surgery	Surgery
27700	Arthroplasty, ankle;	819.70	Active	Surgery	Surgery
27702	Arthroplasty, ankle; with implant (total ankle)	1,359.54	Active	Surgery	Surgery
27703	Arthroplasty, ankle; revision, total ankle	1,548.18	Active	Surgery	Surgery
27704	Removal of ankle implant	740.64	Active	Surgery	Surgery
27705	Osteotomy; tibia	1,039.98	Active	Surgery	Surgery
27707	Osteotomy; fibula	490.19	Active	Surgery	Surgery
27709	Osteotomy; tibia and fibula	1,008.46	Active	Surgery	Surgery
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	1,411.44	Active	Surgery	Surgery
27715	Osteoplasty, tibia and fibula, lengthening or shortening	1,421.94	Active	Surgery	Surgery
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	1,184.99	Active	Surgery	Surgery
27722	Repair of nonunion or malunion, tibia; with sliding graft	1,178.67	Active	Surgery	Surgery
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	1,756.49	Active	Surgery	Surgery
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	1,551.06	Active	Surgery	Surgery
27727	Repair of congenital pseudarthrosis, tibia	1,380.37	Active	Surgery	Surgery
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	840.01	Active	Surgery	Surgery
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	531.79	Active	Surgery	Surgery
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	815.05	Active	Surgery	Surgery
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	956.68	Active	Surgery	Surgery
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	944.41	Active	Surgery	Surgery
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	1,018.04	Active	Surgery	Surgery
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	397.36	Active	Surgery	Surgery

27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	656.13	Active	Surgery	Surgery
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	717.58	Active	Surgery	Surgery
27758	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage	1,170.52	Active	Surgery	Surgery
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	1,359.92	Active	Surgery	Surgery
27760	Closed treatment of medial malleolus fracture; without manipulation	374.60	Active	Surgery	Surgery
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	591.81	Active	Surgery	Surgery
27766	Open treatment of medial malleolus fracture, with or without internal or external fixation	858.44	Active	Surgery	Surgery
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	329.69	Active	Surgery	Surgery
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	505.56	Active	Surgery	Surgery
27784	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	742.48	Active	Surgery	Surgery
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	356.26	Active	Surgery	Surgery
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	514.64	Active	Surgery	Surgery
27792	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation	798.62	Active	Surgery	Surgery
27808	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation	367.61	Active	Surgery	Surgery
27810	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	578.32	Active	Surgery	Surgery
27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	1,075.02	Active	Surgery	Surgery
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	350.30	Active	Surgery	Surgery
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	598.48	Active	Surgery	Surgery
27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip	1,171.91	Active	Surgery	Surgery
27823	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip	1,344.99	Active	Surgery	Surgery
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	342.75	Active	Surgery	Surgery
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	670.97	Active	Surgery	Surgery
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only	927.13	Active	Surgery	Surgery
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only	1,466.67	Active	Surgery	Surgery
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula	1,666.13	Active	Surgery	Surgery
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation	635.22	Active	Surgery	Surgery

27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	407.73	Active	Surgery	Surgery
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	476.30	Active	Surgery	Surgery
27832	Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula	670.53	Active	Surgery	Surgery
27840	Closed treatment of ankle dislocation; without anesthesia	405.19	Active	Surgery	Surgery
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	616.66	Active	Surgery	Surgery
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	989.47	Active	Surgery	Surgery
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	1,153.10	Active	Surgery	Surgery
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	236.82	Active	Surgery	Surgery
27870	Arthrodesis, ankle, open	1,370.00	Active	Surgery	Surgery
27871	Arthrodesis, tibiofibular joint, proximal or distal	931.68	Active	Surgery	Surgery
27880	Amputation, leg, through tibia and fibula;	1,057.30	Active	Surgery	Surgery
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	1,178.25	Active	Surgery	Surgery
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	830.84	Active	Surgery	Surgery
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	762.30	Active	Surgery	Surgery
27886	Amputation, leg, through tibia and fibula; re-amputation	867.39	Active	Surgery	Surgery
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	935.92	Active	Surgery	Surgery
27889	Ankle disarticulation	904.52	Active	Surgery	Surgery
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	700.87	Active	Surgery	Surgery
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	694.68	Active	Surgery	Surgery
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	1,004.28	Active	Surgery	Surgery
27899	Unlisted procedure, leg or ankle	0.00	Active	Surgery	Surgery
28001	Incision and drainage, bursa, foot	277.36	Active	Surgery	Surgery
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	475.99	Active	Surgery	Surgery
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	769.72	Active	Surgery	Surgery
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	781.63	Active	Surgery	Surgery
28008	Fasciotomy, foot and/or toe	446.49	Active	Surgery	Surgery
28010	Tenotomy, percutaneous, toe; single tendon	266.18	Active	Surgery	Surgery
28011	Tenotomy, percutaneous, toe; multiple tendons	393.61	Active	Surgery	Surgery
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	547.61	Active	Surgery	Surgery
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	487.15	Active	Surgery	Surgery
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	468.51	Active	Surgery	Surgery
28030	Neurectomy, intrinsic musculature of foot	517.26	Active	Surgery	Surgery

28035	Release, tarsal tunnel (posterior tibial nerve decompression)	541.92	Active	Surgery	Surgery
28043	Excision, tumor, foot; subcutaneous tissue	362.93	Active	Surgery	Surgery
28045	Excision, tumor, foot; deep, subfascial, intramuscular	497.27	Active	Surgery	Surgery
28046	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot	974.57	Active	Surgery	Surgery
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	455.11	Active	Surgery	Surgery
28052	Arthrotomy with biopsy; metatarsophalangeal joint	430.32	Active	Surgery	Surgery
28054	Arthrotomy with biopsy; interphalangeal joint	390.65	Active	Surgery	Surgery
28060	Fasciectomy, plantar fascia; partial (separate procedure)	534.67	Active	Surgery	Surgery
28062	Fasciectomy, plantar fascia; radical (separate procedure)	648.24	Active	Surgery	Surgery
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	525.47	Active	Surgery	Surgery
28072	Synovectomy; metatarsophalangeal joint, each	505.38	Active	Surgery	Surgery
28080	Excision, interdigital (Morton) neuroma, single, each	411.42	Active	Surgery	Surgery
28086	Synovectomy, tendon sheath, foot; flexor	613.19	Active	Surgery	Surgery
28088	Synovectomy, tendon sheath, foot; extensor	470.52	Active	Surgery	Surgery
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	468.77	Active	Surgery	Surgery
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	421.31	Active	Surgery	Surgery
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	660.33	Active	Surgery	Surgery
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	734.45	Active	Surgery	Surgery
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	595.36	Active	Surgery	Surgery
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	530.37	Active	Surgery	Surgery
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	627.64	Active	Surgery	Surgery
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	592.08	Active	Surgery	Surgery
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	428.54	Active	Surgery	Surgery
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	448.75	Active	Surgery	Surgery
28111	Ostectomy, complete excision; first metatarsal head	547.78	Active	Surgery	Surgery
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	498.90	Active	Surgery	Surgery
28113	Ostectomy, complete excision; fifth metatarsal head	523.79	Active	Surgery	Surgery
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	1,068.18	Active	Surgery	Surgery
28116	Ostectomy, excision of tarsal coalition	745.30	Active	Surgery	Surgery
28118	Ostectomy, calcaneus;	616.96	Active	Surgery	Surgery
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	539.71	Active	Surgery	Surgery
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	616.94	Active	Surgery	Surgery
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	718.40	Active	Surgery	Surgery

28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	482.26	Active	Surgery	Surgery
28126	Resection, partial or complete, phalangeal base, each toe	374.17	Active	Surgery	Surgery
28130	Talectomy (astragalectomy)	798.40	Active	Surgery	Surgery
28140	Metatarsectomy	705.23	Active	Surgery	Surgery
28150	Phalangectomy, toe, each toe	433.90	Active	Surgery	Surgery
28153	Resection, condyle(s), distal end of phalanx, each toe	387.09	Active	Surgery	Surgery
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	402.67	Active	Surgery	Surgery
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	829.10	Active	Surgery	Surgery
28173	Radical resection of tumor, bone; metatarsal	833.34	Active	Surgery	Surgery
28175	Radical resection of tumor, bone; phalanx of toe	582.63	Active	Surgery	Surgery
28190	Removal of foreign body, foot; subcutaneous	239.56	Active	Surgery	Surgery
28192	Removal of foreign body, foot; deep	493.81	Active	Surgery	Surgery
28193	Removal of foreign body, foot; complicated	565.63	Active	Surgery	Surgery
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	478.61	Active	Surgery	Surgery
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	700.16	Active	Surgery	Surgery
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	453.88	Active	Surgery	Surgery
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	627.12	Active	Surgery	Surgery
28220	Tenolysis, flexor, foot; single tendon	454.03	Active	Surgery	Surgery
28222	Tenolysis, flexor, foot; multiple tendons	541.09	Active	Surgery	Surgery
28225	Tenolysis, extensor, foot; single tendon	384.29	Active	Surgery	Surgery
28226	Tenolysis, extensor, foot; multiple tendons	459.96	Active	Surgery	Surgery
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	438.23	Active	Surgery	Surgery
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	377.65	Active	Surgery	Surgery
28234	Tenotomy, open, extensor, foot or toe, each tendon	382.00	Active	Surgery	Surgery
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	765.35	Active	Surgery	Surgery
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	447.22	Active	Surgery	Surgery
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	590.26	Active	Surgery	Surgery
28260	Capsulotomy, midfoot; medial release only (separate procedure)	757.34	Active	Surgery	Surgery
28261	Capsulotomy, midfoot; with tendon lengthening	1,071.70	Active	Surgery	Surgery
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	1,597.17	Active	Surgery	Surgery
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	977.53	Active	Surgery	Surgery
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	480.22	Active	Surgery	Surgery
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	386.74	Active	Surgery	Surgery
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	564.96	Active	Surgery	Surgery
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	466.69	Active	Surgery	Surgery
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	459.46	Active	Surgery	Surgery

28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	521.05	Active	Surgery	Surgery
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint	754.73	Active	Surgery	Surgery
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	601.09	Active	Surgery	Surgery
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	717.28	Active	Surgery	Surgery
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	959.38	Active	Surgery	Surgery
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	812.34	Active	Surgery	Surgery
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	881.18	Active	Surgery	Surgery
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	931.86	Active	Surgery	Surgery
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	771.42	Active	Surgery	Surgery
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	993.26	Active	Surgery	Surgery
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	919.44	Active	Surgery	Surgery
28302	Osteotomy; talus	893.47	Active	Surgery	Surgery
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	887.19	Active	Surgery	Surgery
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	901.18	Active	Surgery	Surgery
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	633.17	Active	Surgery	Surgery
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	809.16	Active	Surgery	Surgery
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	546.56	Active	Surgery	Surgery
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	1,176.29	Active	Surgery	Surgery
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	552.49	Active	Surgery	Surgery
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	492.16	Active	Surgery	Surgery
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	523.74	Active	Surgery	Surgery
28315	Sesamoidectomy, first toe (separate procedure)	486.21	Active	Surgery	Surgery
28320	Repair, nonunion or malunion; tarsal bones	873.69	Active	Surgery	Surgery
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	895.46	Active	Surgery	Surgery
28340	Reconstruction, toe, macrodactyly; soft tissue resection	667.04	Active	Surgery	Surgery
28341	Reconstruction, toe, macrodactyly; requiring bone resection	774.54	Active	Surgery	Surgery
28344	Reconstruction, toe(s); polydactyly	469.43	Active	Surgery	Surgery
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	606.47	Active	Surgery	Surgery
28360	Reconstruction, cleft foot	1,330.72	Active	Surgery	Surgery

28400	Closed treatment of calcaneal fracture; without manipulation	279.31	Active	Surgery	Surgery
28405	Closed treatment of calcaneal fracture; with manipulation	489.54	Active	Surgery	Surgery
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	698.53	Active	Surgery	Surgery
28415	Open treatment of calcaneal fracture, with or without internal or external fixation;	1,606.11	Active	Surgery	Surgery
28420	Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft (includes obtaining graft)	1,646.37	Active	Surgery	Surgery
28430	Closed treatment of talus fracture; without manipulation	260.96	Active	Surgery	Surgery
28435	Closed treatment of talus fracture; with manipulation	375.33	Active	Surgery	Surgery
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	547.36	Active	Surgery	Surgery
28445	Open treatment of talus fracture, with or without internal or external fixation	1,498.88	Active	Surgery	Surgery
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	237.92	Active	Surgery	Surgery
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	327.27	Active	Surgery	Surgery
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	335.22	Active	Surgery	Surgery
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each	709.74	Active	Surgery	Surgery
28470	Closed treatment of metatarsal fracture; without manipulation, each	245.61	Active	Surgery	Surgery
28475	Closed treatment of metatarsal fracture; with manipulation, each	319.08	Active	Surgery	Surgery
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	410.83	Active	Surgery	Surgery
28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each	576.91	Active	Surgery	Surgery
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	140.82	Active	Surgery	Surgery
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	177.69	Active	Surgery	Surgery
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	448.66	Active	Surgery	Surgery
28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation	540.98	Active	Surgery	Surgery
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	123.84	Active	Surgery	Surgery
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	159.38	Active	Surgery	Surgery
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each	487.87	Active	Surgery	Surgery
28530	Closed treatment of sesamoid fracture	119.46	Active	Surgery	Surgery
28531	Open treatment of sesamoid fracture, with or without internal fixation	411.68	Active	Surgery	Surgery
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	215.72	Active	Surgery	Surgery
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	250.42	Active	Surgery	Surgery
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	467.31	Active	Surgery	Surgery
28555	Open treatment of tarsal bone dislocation, with or without internal or external fixation	793.82	Active	Surgery	Surgery
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	195.03	Active	Surgery	Surgery

28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	368.17	Active	Surgery	Surgery
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	442.68	Active	Surgery	Surgery
28585	Open treatment of talotarsal joint dislocation, with or without internal or external fixation	812.69	Active	Surgery	Surgery
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	225.34	Active	Surgery	Surgery
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	293.74	Active	Surgery	Surgery
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	514.55	Active	Surgery	Surgery
28615	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation	837.16	Active	Surgery	Surgery
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	161.63	Active	Surgery	Surgery
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	197.05	Active	Surgery	Surgery
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	327.56	Active	Surgery	Surgery
28645	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation	450.62	Active	Surgery	Surgery
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	118.64	Active	Surgery	Surgery
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	176.69	Active	Surgery	Surgery
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	392.88	Active	Surgery	Surgery
28675	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation	451.07	Active	Surgery	Surgery
28705	Arthrodesis; pantalar	1,770.16	Active	Surgery	Surgery
28715	Arthrodesis; triple	1,273.73	Active	Surgery	Surgery
28725	Arthrodesis; subtalar	1,105.04	Active	Surgery	Surgery
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	1,049.13	Active	Surgery	Surgery
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	1,026.54	Active	Surgery	Surgery
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	903.34	Active	Surgery	Surgery
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	931.64	Active	Surgery	Surgery
28750	Arthrodesis, great toe; metatarsophalangeal joint	921.66	Active	Surgery	Surgery
28755	Arthrodesis, great toe; interphalangeal joint	526.94	Active	Surgery	Surgery
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	789.72	Active	Surgery	Surgery
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	751.32	Active	Surgery	Surgery
28805	Amputation, foot; transmetatarsal	759.04	Active	Surgery	Surgery
28810	Amputation, metatarsal, with toe, single	569.41	Active	Surgery	Surgery
28820	Amputation, toe; metatarsophalangeal joint	556.14	Active	Surgery	Surgery
28825	Amputation, toe; interphalangeal joint	482.62	Active	Surgery	Surgery
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	410.53	Active	Surgery	Surgery
28899	Unlisted procedure, foot or toes	0.00	Active	Surgery	Surgery
29000	Application of halo type body cast (see 20661-20663 for insertion)	270.50	Active	Surgery	Surgery
29010	Application of Risser jacket, localizer, body; only	280.62	Active	Surgery	Surgery
29015	Application of Risser jacket, localizer, body; including head	254.65	Active	Surgery	Surgery

29020	Application of turnbuckle jacket, body; only	249.23	Active	Surgery	Surgery
29025	Application of turnbuckle jacket, body; including head	288.38	Active	Surgery	Surgery
29035	Application of body cast, shoulder to hips;	249.75	Active	Surgery	Surgery
29040	Application of body cast, shoulder to hips; including head, Minerva type	243.08	Active	Surgery	Surgery
29044	Application of body cast, shoulder to hips; including one thigh	289.39	Active	Surgery	Surgery
29046	Application of body cast, shoulder to hips; including both thighs	288.39	Active	Surgery	Surgery
29049	Application, cast; figure-of-eight	105.65	Active	Surgery	Surgery
29055	Application, cast; shoulder spica	231.88	Active	Surgery	Surgery
29058	Application, cast; plaster Velpeau	139.49	Active	Surgery	Surgery
29065	Application, cast; shoulder to hand (long arm)	109.37	Active	Surgery	Surgery
29075	Application, cast; elbow to finger (short arm)	99.19	Active	Surgery	Surgery
29085	Application, cast; hand and lower forearm (gauntlet)	105.88	Active	Surgery	Surgery
29086	Application, cast; finger (eg, contracture)	71.85	Active	Surgery	Surgery
29105	Application of long arm splint (shoulder to hand)	100.61	Active	Surgery	Surgery
29125	Application of short arm splint (forearm to hand); static	72.66	Active	Surgery	Surgery
29126	Application of short arm splint (forearm to hand); dynamic	86.85	Active	Surgery	Surgery
29130	Application of finger splint; static	48.03	Active	Surgery	Surgery
29131	Application of finger splint; dynamic	54.20	Active	Surgery	Surgery
29200	Strapping; thorax	59.50	Active	Surgery	Surgery
29220	Strapping; low back	59.08	Active	Surgery	Surgery
29240	Strapping; shoulder (eg, Velpeau)	70.08	Active	Surgery	Surgery
29260	Strapping; elbow or wrist	57.73	Active	Surgery	Surgery
29280	Strapping; hand or finger	54.58	Active	Surgery	Surgery
29305	Application of hip spica cast; one leg	263.76	Active	Surgery	Surgery
29325	Application of hip spica cast; one and one-half spica or both legs	291.44	Active	Surgery	Surgery
29345	Application of long leg cast (thigh to toes);	162.94	Active	Surgery	Surgery
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	169.89	Active	Surgery	Surgery
29358	Application of long leg cast brace	176.37	Active	Surgery	Surgery
29365	Application of cylinder cast (thigh to ankle)	142.75	Active	Surgery	Surgery
29405	Application of short leg cast (below knee to toes);	103.37	Active	Surgery	Surgery
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	111.83	Active	Surgery	Surgery
29435	Application of patellar tendon bearing (PTB) cast	139.29	Active	Surgery	Surgery
29440	Adding walker to previously applied cast	62.14	Active	Surgery	Surgery
29445	Application of rigid total contact leg cast	185.70	Active	Surgery	Surgery
29450	Application of clubfoot cast with molding or manipulation, long or short leg	186.61	Active	Surgery	Surgery
29505	Application of long leg splint (thigh to ankle or toes)	84.20	Active	Surgery	Surgery
29515	Application of short leg splint (calf to foot)	76.92	Active	Surgery	Surgery
29520	Strapping; hip	57.58	Active	Surgery	Surgery
29530	Strapping; knee	60.31	Active	Surgery	Surgery
29540	Strapping; ankle and/or foot	46.72	Active	Surgery	Surgery
29550	Strapping; toes	45.03	Active	Surgery	Surgery
29580	Strapping; Unna boot	58.99	Active	Surgery	Surgery
29590	Denis-Browne splint strapping	65.71	Active	Surgery	Surgery
29700	Removal or bivalving; gauntlet, boot or body cast	69.07	Active	Surgery	Surgery
29705	Removal or bivalving; full arm or full leg cast	83.52	Active	Surgery	Surgery

29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	145.02	Active	Surgery	Surgery
29715	Removal or bivalving; turnbuckle jacket	96.19	Active	Surgery	Surgery
29720	Repair of spica, body cast or jacket	90.15	Active	Surgery	Surgery
29730	Windowing of cast	80.98	Active	Surgery	Surgery
29740	Wedging of cast (except clubfoot casts)	119.01	Active	Surgery	Surgery
29750	Wedging of clubfoot cast	127.12	Active	Surgery	Surgery
29799	Unlisted procedure, casting or strapping	0.00	Active	Surgery	Surgery
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	688.64	Active	Surgery	Surgery
29804	Arthroscopy, temporomandibular joint, surgical	852.39	Active	Surgery	Surgery
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	626.06	Active	Surgery	Surgery
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	1,434.60	Active	Surgery	Surgery
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1,394.70	Active	Surgery	Surgery
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	791.04	Active	Surgery	Surgery
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	730.36	Active	Surgery	Surgery
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	797.39	Active	Surgery	Surgery
29822	Arthroscopy, shoulder, surgical; debridement, limited	772.47	Active	Surgery	Surgery
29823	Arthroscopy, shoulder, surgical; debridement, extensive	845.11	Active	Surgery	Surgery
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	861.00	Active	Surgery	Surgery
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	790.00	Active	Surgery	Surgery
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	915.27	Active	Surgery	Surgery
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	1,519.33	Active	Surgery	Surgery
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	603.83	Active	Surgery	Surgery
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	658.70	Active	Surgery	Surgery
29835	Arthroscopy, elbow, surgical; synovectomy, partial	677.73	Active	Surgery	Surgery
29836	Arthroscopy, elbow, surgical; synovectomy, complete	770.41	Active	Surgery	Surgery
29837	Arthroscopy, elbow, surgical; debridement, limited	713.48	Active	Surgery	Surgery
29838	Arthroscopy, elbow, surgical; debridement, extensive	794.78	Active	Surgery	Surgery
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	567.32	Active	Surgery	Surgery
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	611.73	Active	Surgery	Surgery
29844	Arthroscopy, wrist, surgical; synovectomy, partial	655.09	Active	Surgery	Surgery
29845	Arthroscopy, wrist, surgical; synovectomy, complete	717.42	Active	Surgery	Surgery
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	684.43	Active	Surgery	Surgery
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	705.01	Active	Surgery	Surgery
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	576.33	Active	Surgery	Surgery
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	741.81	Active	Surgery	Surgery
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	1,306.92	Active	Surgery	Surgery

29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	1,077.99	Active	Surgery	Surgery
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)	1,390.23	Active	Surgery	Surgery
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	821.84	Active	Surgery	Surgery
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	922.52	Active	Surgery	Surgery
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	1,001.81	Active	Surgery	Surgery
29863	Arthroscopy, hip, surgical; with synovectomy	964.74	Active	Surgery	Surgery
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	1,403.64	Active	Surgery	Surgery
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	1,669.65	Active	Surgery	Surgery
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	2,349.82	Active	Surgery	Surgery
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	533.97	Active	Surgery	Surgery
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	682.11	Active	Surgery	Surgery
29873	Arthroscopy, knee, surgical; with lateral release	665.42	Active	Surgery	Surgery
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	704.89	Active	Surgery	Surgery
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	662.43	Active	Surgery	Surgery
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	820.54	Active	Surgery	Surgery
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	770.82	Active	Surgery	Surgery
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	832.61	Active	Surgery	Surgery
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	874.52	Active	Surgery	Surgery
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	806.39	Active	Surgery	Surgery
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	882.00	Active	Surgery	Surgery
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	1,120.71	Active	Surgery	Surgery
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	766.82	Active	Surgery	Surgery
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	940.04	Active	Surgery	Surgery
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	786.20	Active	Surgery	Surgery
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	934.77	Active	Surgery	Surgery
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1,367.33	Active	Surgery	Surgery
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	1,599.13	Active	Surgery	Surgery
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	861.35	Active	Surgery	Surgery

29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	898.23	Active	Surgery	Surgery
29893	Endoscopic plantar fasciotomy	549.94	Active	Surgery	Surgery
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	697.93	Active	Surgery	Surgery
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	681.56	Active	Surgery	Surgery
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	714.40	Active	Surgery	Surgery
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	792.80	Active	Surgery	Surgery
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	1,377.76	Active	Surgery	Surgery
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	598.62	Active	Surgery	Surgery
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	663.72	Active	Surgery	Surgery
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	708.13	Active	Surgery	Surgery
29999	Unlisted procedure, arthroscopy	0.00	Active	Surgery	Surgery
30000	Drainage abscess or hematoma, nasal, internal approach	223.03	Active	Surgery	Surgery
30020	Drainage abscess or hematoma, nasal septum	195.32	Active	Surgery	Surgery
30100	Biopsy, intranasal	120.72	Active	Surgery	Surgery
30110	Excision, nasal polyp(s), simple	206.27	Active	Surgery	Surgery
30115	Excision, nasal polyp(s), extensive	456.26	Active	Surgery	Surgery
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	636.20	Active	Surgery	Surgery
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	866.69	Active	Surgery	Surgery
30120	Excision or surgical planing of skin of nose for rhinophyma	539.90	Active	Surgery	Surgery
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	300.71	Active	Surgery	Surgery
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	702.68	Active	Surgery	Surgery
30130	Excision inferior turbinate, partial or complete, any method	391.67	Active	Surgery	Surgery
30140	Submucous resection inferior turbinate, partial or complete, any method	421.64	Active	Surgery	Surgery
30150	Rhinectomy; partial	932.98	Active	Surgery	Surgery
30160	Rhinectomy; total	915.04	Active	Surgery	Surgery
30200	Injection into turbinate(s), therapeutic	99.71	Active	Surgery	Surgery
30210	Displacement therapy (Proetz type)	134.68	Active	Surgery	Surgery
30220	Insertion, nasal septal prosthesis (button)	233.23	Active	Surgery	Surgery
30300	Removal foreign body, intranasal; office type procedure	218.87	Active	Surgery	Surgery
30310	Removal foreign body, intranasal; requiring general anesthesia	218.91	Active	Surgery	Surgery
30320	Removal foreign body, intranasal; by lateral rhinotomy	504.26	Active	Surgery	Surgery
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	1,137.15	Active	Surgery	Surgery
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	1,437.23	Active	Surgery	Surgery
30420	Rhinoplasty, primary; including major septal repair	1,551.03	Active	Surgery	Surgery
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	996.98	Active	Surgery	Surgery

30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	1,382.47	Active	Surgery	Surgery
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	1,894.35	Active	Surgery	Surgery
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	948.26	Active	Surgery	Surgery
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	1,976.81	Active	Surgery	Surgery
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	1,094.53	Active	Surgery	Surgery
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	553.38	Active	Surgery	Surgery
30540	Repair choanal atresia; intranasal	767.96	Active	Surgery	Surgery
30545	Repair choanal atresia; transpalatine	1,194.18	Active	Surgery	Surgery
30560	Lysis intranasal synechia	236.56	Active	Surgery	Surgery
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	709.68	Active	Surgery	Surgery
30600	Repair fistula; oronasal	639.11	Active	Surgery	Surgery
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	659.76	Active	Surgery	Surgery
30630	Repair nasal septal perforations	684.63	Active	Surgery	Surgery
30801	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial	205.43	Active	Surgery	Surgery
30802	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural	274.19	Active	Surgery	Surgery
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	117.73	Active	Surgery	Surgery
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	182.34	Active	Surgery	Surgery
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	235.31	Active	Surgery	Surgery
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	274.08	Active	Surgery	Surgery
30915	Ligation arteries; ethmoidal	639.07	Active	Surgery	Surgery
30920	Ligation arteries; internal maxillary artery, transantral	868.52	Active	Surgery	Surgery
30930	Fracture nasal inferior turbinate(s), therapeutic	130.62	Active	Surgery	Surgery
30999	Unlisted procedure, nose	0.00	Active	Surgery	Surgery
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	163.28	Active	Surgery	Surgery
31002	Lavage by cannulation; sphenoid sinus	219.88	Active	Surgery	Surgery
31020	Sinusotomy, maxillary (antrotomy); intranasal	471.80	Active	Surgery	Surgery
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	755.44	Active	Surgery	Surgery
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	632.89	Active	Surgery	Surgery
31040	Pterygomaxillary fossa surgery, any approach	892.99	Active	Surgery	Surgery
31050	Sinusotomy, sphenoid, with or without biopsy;	530.17	Active	Surgery	Surgery
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	696.03	Active	Surgery	Surgery
31070	Sinusotomy frontal; external, simple (trephine operation)	453.89	Active	Surgery	Surgery
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	857.67	Active	Surgery	Surgery
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	1,169.65	Active	Surgery	Surgery
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	1,459.51	Active	Surgery	Surgery

31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	1,249.95	Active	Surgery	Surgery
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	1,388.72	Active	Surgery	Surgery
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	1,193.63	Active	Surgery	Surgery
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	1,243.17	Active	Surgery	Surgery
31090	Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	1,004.94	Active	Surgery	Surgery
31200	Ethmoidectomy; intranasal, anterior	581.15	Active	Surgery	Surgery
31201	Ethmoidectomy; intranasal, total	817.22	Active	Surgery	Surgery
31205	Ethmoidectomy; extranasal, total	963.28	Active	Surgery	Surgery
31225	Maxillectomy; without orbital exenteration	1,712.16	Active	Surgery	Surgery
31230	Maxillectomy; with orbital exenteration (en bloc)	1,912.30	Active	Surgery	Surgery
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	179.87	Active	Surgery	Surgery
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	276.86	Active	Surgery	Surgery
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	328.05	Active	Surgery	Surgery
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	356.01	Active	Surgery	Surgery
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	367.48	Active	Surgery	Surgery
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	754.97	Active	Surgery	Surgery
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	213.08	Active	Surgery	Surgery
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	374.86	Active	Surgery	Surgery
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	565.69	Active	Surgery	Surgery
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	270.91	Active	Surgery	Surgery
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	442.03	Active	Surgery	Surgery
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	714.20	Active	Surgery	Surgery
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	319.52	Active	Surgery	Surgery
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	372.28	Active	Surgery	Surgery
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	1,393.83	Active	Surgery	Surgery
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	1,498.38	Active	Surgery	Surgery
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	1,205.89	Active	Surgery	Surgery
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	1,306.27	Active	Surgery	Surgery
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	1,522.54	Active	Surgery	Surgery
31299	Unlisted procedure, accessory sinuses	0.00	Active	Surgery	Surgery
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	1,330.68	Active	Surgery	Surgery
31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic	661.21	Active	Surgery	Surgery
31360	Laryngectomy; total, without radical neck dissection	1,546.01	Active	Surgery	Surgery

31365	Laryngectomy; total, with radical neck dissection	2,075.76	Active	Surgery	Surgery
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	1,998.33	Active	Surgery	Surgery
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	2,418.41	Active	Surgery	Surgery
31370	Partial laryngectomy (hemilaryngectomy); horizontal	1,983.78	Active	Surgery	Surgery
31375	Partial laryngectomy (hemilaryngectomy); lateroverlateral	1,849.72	Active	Surgery	Surgery
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	1,869.71	Active	Surgery	Surgery
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	1,912.51	Active	Surgery	Surgery
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	2,403.86	Active	Surgery	Surgery
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	2,734.35	Active	Surgery	Surgery
31400	Arytenoidectomy or arytenoidopexy, external approach	1,060.34	Active	Surgery	Surgery
31420	Epiglottidectomy	909.64	Active	Surgery	Surgery
31500	Intubation, endotracheal, emergency procedure	147.64	Active	Surgery	Surgery
31502	Tracheotomy tube change prior to establishment of fistula tract	47.06	Active	Surgery	Surgery
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	84.87	Active	Surgery	Surgery
31510	Laryngoscopy, indirect; with biopsy	224.15	Active	Surgery	Surgery
31511	Laryngoscopy, indirect; with removal of foreign body	233.37	Active	Surgery	Surgery
31512	Laryngoscopy, indirect; with removal of lesion	230.57	Active	Surgery	Surgery
31513	Laryngoscopy, indirect; with vocal cord injection	169.44	Active	Surgery	Surgery
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	223.86	Active	Surgery	Surgery
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	197.66	Active	Surgery	Surgery
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	274.80	Active	Surgery	Surgery
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	205.40	Active	Surgery	Surgery
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	249.38	Active	Surgery	Surgery
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	184.40	Active	Surgery	Surgery
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	211.47	Active	Surgery	Surgery
31530	Laryngoscopy, direct, operative, with foreign body removal;	262.11	Active	Surgery	Surgery
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	281.65	Active	Surgery	Surgery
31535	Laryngoscopy, direct, operative, with biopsy;	248.89	Active	Surgery	Surgery
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	279.69	Active	Surgery	Surgery
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	320.92	Active	Surgery	Surgery
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	353.22	Active	Surgery	Surgery
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	452.42	Active	Surgery	Surgery
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	721.91	Active	Surgery	Surgery
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	415.98	Active	Surgery	Surgery

31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	457.04	Active	Surgery	Surgery
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	415.17	Active	Surgery	Surgery
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	332.45	Active	Surgery	Surgery
31575	Laryngoscopy, flexible fiberoptic; diagnostic	128.60	Active	Surgery	Surgery
31576	Laryngoscopy, flexible fiberoptic; with biopsy	235.20	Active	Surgery	Surgery
31577	Laryngoscopy, flexible fiberoptic; with removal of foreign body	272.19	Active	Surgery	Surgery
31578	Laryngoscopy, flexible fiberoptic; with removal of lesion	309.39	Active	Surgery	Surgery
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	258.70	Active	Surgery	Surgery
31580	Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal	1,252.42	Active	Surgery	Surgery
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	2,118.68	Active	Surgery	Surgery
31584	Laryngoplasty; with open reduction of fracture	1,762.14	Active	Surgery	Surgery
31587	Laryngoplasty, cricoid split	999.55	Active	Surgery	Surgery
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	1,213.87	Active	Surgery	Surgery
31590	Laryngeal reinnervation by neuromuscular pedicle	982.57	Active	Surgery	Surgery
31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	839.03	Active	Surgery	Surgery
31599	Unlisted procedure, larynx	0.00	Active	Surgery	Surgery
31600	Tracheostomy, planned (separate procedure);	555.49	Active	Surgery	Surgery
31601	Tracheostomy, planned (separate procedure); under two years	341.97	Active	Surgery	Surgery
31603	Tracheostomy, emergency procedure; transtracheal	312.10	Active	Surgery	Surgery
31605	Tracheostomy, emergency procedure; cricothyroid membrane	262.91	Active	Surgery	Surgery
31610	Tracheostomy, fenestration procedure with skin flaps	796.55	Active	Surgery	Surgery
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	564.70	Active	Surgery	Surgery
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	90.73	Active	Surgery	Surgery
31613	Tracheostoma revision; simple, without flap rotation	476.14	Active	Surgery	Surgery
31614	Tracheostoma revision; complex, with flap rotation	706.01	Active	Surgery	Surgery
31615	Tracheobronchoscopy through established tracheostomy incision	206.74	Active	Surgery	Surgery
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))	274.73	Active	Surgery	Surgery
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	345.82	Active	Surgery	Surgery
31623	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings	367.89	Active	Surgery	Surgery
31624	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage	345.37	Active	Surgery	Surgery
31625	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites	375.90	Active	Surgery	Surgery
31628	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe	436.43	Active	Surgery	Surgery

31629	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	696.33	Active	Surgery	Surgery
31630	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture	277.28	Active	Surgery	Surgery
31631	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	305.81	Active	Surgery	Surgery
31632	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	103.43	Active	Surgery	Surgery
31633	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	115.97	Active	Surgery	Surgery
31635	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body	410.01	Active	Surgery	Surgery
31636	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	297.98	Active	Surgery	Surgery
31637	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)	109.20	Active	Surgery	Surgery
31638	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	313.88	Active	Surgery	Surgery
31640	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor	361.87	Active	Surgery	Surgery
31641	Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	339.66	Active	Surgery	Surgery
31643	Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application	225.57	Active	Surgery	Surgery
31645	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	340.35	Active	Surgery	Surgery
31646	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent	308.50	Active	Surgery	Surgery
31656	Bronchoscopy, (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)	371.53	Active	Surgery	Surgery
31700	Catheterization, transglottic (separate procedure)	145.64	Active	Surgery	Surgery
31708	Instillation of contrast material for laryngography or bronchography, without catheterization	142.68	Active	Surgery	Surgery
31710	Catheterization for bronchography, with or without instillation of contrast material	90.39	Active	Surgery	Surgery
31715	Transtacheal injection for bronchography	71.09	Active	Surgery	Surgery
31717	Catheterization with bronchial brush biopsy	400.91	Active	Surgery	Surgery
31720	Catheter aspiration (separate procedure); nasotracheal	68.63	Active	Surgery	Surgery
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	130.16	Active	Surgery	Surgery
31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	233.87	Active	Surgery	Surgery
31750	Tracheoplasty; cervical	1,345.14	Active	Surgery	Surgery
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	1,752.80	Active	Surgery	Surgery

31760	Tracheoplasty; intrathoracic	1,835.65	Active	Surgery	Surgery
31766	Carinal reconstruction	2,557.95	Active	Surgery	Surgery
31770	Bronchoplasty; graft repair	1,806.70	Active	Surgery	Surgery
31775	Bronchoplasty; excision stenosis and anastomosis	1,935.35	Active	Surgery	Surgery
31780	Excision tracheal stenosis and anastomosis; cervical	1,423.66	Active	Surgery	Surgery
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	1,810.66	Active	Surgery	Surgery
31785	Excision of tracheal tumor or carcinoma; cervical	1,362.19	Active	Surgery	Surgery
31786	Excision of tracheal tumor or carcinoma; thoracic	2,048.82	Active	Surgery	Surgery
31800	Suture of tracheal wound or injury; cervical	774.59	Active	Surgery	Surgery
31805	Suture of tracheal wound or injury; intrathoracic	1,126.58	Active	Surgery	Surgery
31820	Surgical closure tracheostomy or fistula; without plastic repair	453.41	Active	Surgery	Surgery
31825	Surgical closure tracheostomy or fistula; with plastic repair	647.34	Active	Surgery	Surgery
31830	Revision of tracheostomy scar	467.90	Active	Surgery	Surgery
31899	Unlisted procedure, trachea, bronchi	0.00	Active	Surgery	Surgery
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	185.28	Active	Surgery	Surgery
32002	Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)	225.39	Active	Surgery	Surgery
32005	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	357.41	Active	Surgery	Surgery
32019	Insertion of indwelling tunneled pleural catheter with cuff	944.16	Active	Surgery	Surgery
32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	290.67	Active	Surgery	Surgery
32035	Thoracostomy; with rib resection for empyema	792.29	Active	Surgery	Surgery
32036	Thoracostomy; with open flap drainage for empyema	885.14	Active	Surgery	Surgery
32095	Thoracotomy, limited, for biopsy of lung or pleura	755.14	Active	Surgery	Surgery
32100	Thoracotomy, major; with exploration and biopsy	1,309.41	Active	Surgery	Surgery
32110	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear	1,911.54	Active	Surgery	Surgery
32120	Thoracotomy, major; for postoperative complications	1,020.91	Active	Surgery	Surgery
32124	Thoracotomy, major; with open intrapleural pneumonolysis	1,121.61	Active	Surgery	Surgery
32140	Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure	1,201.44	Active	Surgery	Surgery
32141	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure	1,206.97	Active	Surgery	Surgery
32150	Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit	1,215.04	Active	Surgery	Surgery
32151	Thoracotomy, major; with removal of intrapulmonary foreign body	1,236.74	Active	Surgery	Surgery
32160	Thoracotomy, major; with cardiac massage	807.34	Active	Surgery	Surgery
32200	Pneumonostomy; with open drainage of abscess or cyst	1,321.23	Active	Surgery	Surgery
32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	930.38	Active	Surgery	Surgery
32215	Pleural scarification for repeat pneumothorax	1,014.97	Active	Surgery	Surgery
32220	Decortication, pulmonary (separate procedure); total	2,092.52	Active	Surgery	Surgery
32225	Decortication, pulmonary (separate procedure); partial	1,219.34	Active	Surgery	Surgery
32310	Pleurectomy, parietal (separate procedure)	1,175.97	Active	Surgery	Surgery
32320	Decortication and parietal pleurectomy	2,055.97	Active	Surgery	Surgery
32400	Biopsy, pleura; percutaneous needle	165.90	Active	Surgery	Surgery
32402	Biopsy, pleura; open	685.79	Active	Surgery	Surgery
32405	Biopsy, lung or mediastinum, percutaneous needle	124.28	Active	Surgery	Surgery
32420	Pneumocentesis, puncture of lung for aspiration	136.97	Active	Surgery	Surgery

32440	Removal of lung, total pneumonectomy;	2,153.94	Active	Surgery	Surgery
32442	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	2,299.44	Active	Surgery	Surgery
32445	Removal of lung, total pneumonectomy; extrapleural	2,203.58	Active	Surgery	Surgery
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	2,038.39	Active	Surgery	Surgery
32482	Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)	2,151.10	Active	Surgery	Surgery
32484	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)	1,804.55	Active	Surgery	Surgery
32486	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	2,090.34	Active	Surgery	Surgery
32488	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	2,236.01	Active	Surgery	Surgery
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	1,862.71	Active	Surgery	Surgery
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	1,932.78	Active	Surgery	Surgery
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	366.15	Active	Surgery	Surgery
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	2,564.57	Active	Surgery	Surgery
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	2,947.06	Active	Surgery	Surgery
32540	Extrapleural enucleation of empyema (empyemectomy)	1,318.81	Active	Surgery	Surgery
32601	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy	453.64	Active	Surgery	Surgery
32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	493.04	Active	Surgery	Surgery
32603	Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy	636.67	Active	Surgery	Surgery
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	711.69	Active	Surgery	Surgery
32605	Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy	570.21	Active	Surgery	Surgery
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	686.16	Active	Surgery	Surgery
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	967.92	Active	Surgery	Surgery
32651	Thoracoscopy, surgical; with partial pulmonary decortication	1,125.04	Active	Surgery	Surgery
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumolysis	1,620.95	Active	Surgery	Surgery
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	1,117.87	Active	Surgery	Surgery
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	1,074.91	Active	Surgery	Surgery
32655	Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure	1,138.72	Active	Surgery	Surgery

32656	Thoracoscopy, surgical; with parietal pleurectomy	1,154.94	Active	Surgery	Surgery
32657	Thoracoscopy, surgical; with wedge resection of lung, single or multiple	1,194.90	Active	Surgery	Surgery
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	1,045.02	Active	Surgery	Surgery
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	1,034.42	Active	Surgery	Surgery
32660	Thoracoscopy, surgical; with total pericardiectomy	1,432.98	Active	Surgery	Surgery
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	1,169.42	Active	Surgery	Surgery
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	1,384.56	Active	Surgery	Surgery
32663	Thoracoscopy, surgical; with lobectomy, total or segmental	1,634.39	Active	Surgery	Surgery
32664	Thoracoscopy, surgical; with thoracic sympathectomy	1,274.74	Active	Surgery	Surgery
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	1,318.71	Active	Surgery	Surgery
32800	Repair lung hernia through chest wall	1,185.47	Active	Surgery	Surgery
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	1,153.38	Active	Surgery	Surgery
32815	Open closure of major bronchial fistula	1,936.80	Active	Surgery	Surgery
32820	Major reconstruction, chest wall (posttraumatic)	1,775.22	Active	Surgery	Surgery
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	0.00	Active	Surgery	Surgery
32851	Lung transplant, single; without cardiopulmonary bypass	3,574.88	Active	Surgery	Surgery
32852	Lung transplant, single; with cardiopulmonary bypass	3,977.94	Active	Surgery	Surgery
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	4,368.07	Active	Surgery	Surgery
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	4,631.82	Active	Surgery	Surgery
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	0.00	Active	Surgery	Surgery
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	0.00	Active	Surgery	Surgery
32900	Resection of ribs, extrapleural, all stages	1,717.15	Active	Surgery	Surgery
32905	Thoracoplasty, Schede type or extrapleural (all stages);	1,784.98	Active	Surgery	Surgery
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	2,250.95	Active	Surgery	Surgery
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	1,658.58	Active	Surgery	Surgery
32960	Pneumothorax, therapeutic, intrapleural injection of air	166.38	Active	Surgery	Surgery
32997	Total lung lavage (unilateral)	417.06	Active	Surgery	Surgery
32999	Unlisted procedure, lungs and pleura	0.00	Active	Surgery	Surgery
33010	Pericardiocentesis; initial	146.50	Active	Surgery	Surgery
33011	Pericardiocentesis; subsequent	149.31	Active	Surgery	Surgery
33015	Tube pericardiostomy	573.89	Active	Surgery	Surgery
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	1,084.39	Active	Surgery	Surgery
33025	Creation of pericardial window or partial resection for drainage	1,049.27	Active	Surgery	Surgery
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	1,621.02	Active	Surgery	Surgery

33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	1,821.98	Active	Surgery	Surgery
33050	Excision of pericardial cyst or tumor	1,256.98	Active	Surgery	Surgery
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	2,091.36	Active	Surgery	Surgery
33130	Resection of external cardiac tumor	1,784.86	Active	Surgery	Surgery
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	1,726.23	Active	Surgery	Surgery
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	380.95	Active	Surgery	Surgery
33200	Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy	1,065.07	Active	Surgery	Surgery
33201	Insertion of permanent pacemaker with epicardial electrode(s); by xiphoid approach	898.70	Active	Surgery	Surgery
33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	528.45	Active	Surgery	Surgery
33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	605.69	Active	Surgery	Surgery
33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	608.01	Active	Surgery	Surgery
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	214.69	Active	Surgery	Surgery
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	225.88	Active	Surgery	Surgery
33212	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	425.79	Active	Surgery	Surgery
33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	477.75	Active	Surgery	Surgery
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	599.63	Active	Surgery	Surgery
33215	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode	376.81	Active	Surgery	Surgery
33216	Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator	453.52	Active	Surgery	Surgery
33217	Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator	458.59	Active	Surgery	Surgery
33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator	444.37	Active	Surgery	Surgery
33220	Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator	446.72	Active	Surgery	Surgery
33222	Revision or relocation of skin pocket for pacemaker	432.55	Active	Surgery	Surgery
33223	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator	511.70	Active	Surgery	Surgery
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of generator)	616.72	Active	Surgery	Surgery

33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure)	544.80	Active	Surgery	Surgery
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)	604.09	Active	Surgery	Surgery
33233	Removal of permanent pacemaker pulse generator	291.66	Active	Surgery	Surgery
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	599.75	Active	Surgery	Surgery
33235	Removal of transvenous pacemaker electrode(s); dual lead system	762.79	Active	Surgery	Surgery
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	1,087.05	Active	Surgery	Surgery
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	1,130.23	Active	Surgery	Surgery
33238	Removal of permanent transvenous electrode(s) by thoracotomy	1,284.63	Active	Surgery	Surgery
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	552.51	Active	Surgery	Surgery
33241	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator	271.74	Active	Surgery	Surgery
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy	1,723.72	Active	Surgery	Surgery
33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction	1,065.13	Active	Surgery	Surgery
33245	Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy;	1,233.55	Active	Surgery	Surgery
33246	Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy; with insertion of pulse generator	1,696.61	Active	Surgery	Surgery
33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator	1,027.44	Active	Surgery	Surgery
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	1,867.65	Active	Surgery	Surgery
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	2,090.00	Active	Surgery	Surgery
33253	Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (eg, maze procedure)	2,590.49	Active	Surgery	Surgery
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	2,069.08	Active	Surgery	Surgery
33282	Implantation of patient-activated cardiac event recorder	356.21	Active	Surgery	Surgery
33284	Removal of an implantable, patient-activated cardiac event recorder	253.12	Active	Surgery	Surgery
33300	Repair of cardiac wound; without bypass	1,545.75	Active	Surgery	Surgery
33305	Repair of cardiac wound; with cardiopulmonary bypass	1,825.50	Active	Surgery	Surgery
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	1,570.47	Active	Surgery	Surgery
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	1,900.69	Active	Surgery	Surgery
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	1,360.14	Active	Surgery	Surgery

33321	Suture repair of aorta or great vessels; with shunt bypass	1,705.42	Active	Surgery	Surgery
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	1,734.45	Active	Surgery	Surgery
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	1,758.18	Active	Surgery	Surgery
33332	Insertion of graft, aorta or great vessels; with shunt bypass	1,910.54	Active	Surgery	Surgery
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	2,484.93	Active	Surgery	Surgery
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	2,472.51	Active	Surgery	Surgery
33401	Valvuloplasty, aortic valve; open, with inflow occlusion	2,107.76	Active	Surgery	Surgery
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	2,173.40	Active	Surgery	Surgery
33404	Construction of apical-aortic conduit	2,473.92	Active	Surgery	Surgery
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	3,051.93	Active	Surgery	Surgery
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	3,207.56	Active	Surgery	Surgery
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	2,773.94	Active	Surgery	Surgery
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp	3,146.90	Active	Surgery	Surgery
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	3,608.34	Active	Surgery	Surgery
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	3,710.30	Active	Surgery	Surgery
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	2,578.26	Active	Surgery	Surgery
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	2,293.90	Active	Surgery	Surgery
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	2,556.43	Active	Surgery	Surgery
33417	Aortoplasty (gusset) for supravalvular stenosis	2,400.64	Active	Surgery	Surgery
33420	Valvotomy, mitral valve; closed heart	1,610.97	Active	Surgery	Surgery
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	2,264.20	Active	Surgery	Surgery
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	2,311.22	Active	Surgery	Surgery
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	2,874.14	Active	Surgery	Surgery
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	3,434.70	Active	Surgery	Surgery
33430	Replacement, mitral valve, with cardiopulmonary bypass	2,913.20	Active	Surgery	Surgery
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	1,996.89	Active	Surgery	Surgery
33463	Valvuloplasty, tricuspid valve; without ring insertion	2,212.66	Active	Surgery	Surgery
33464	Valvuloplasty, tricuspid valve; with ring insertion	2,355.60	Active	Surgery	Surgery
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	2,440.36	Active	Surgery	Surgery
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	2,463.56	Active	Surgery	Surgery
33470	Valvotomy, pulmonary valve, closed heart; transventricular	1,432.35	Active	Surgery	Surgery
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	1,875.90	Active	Surgery	Surgery
33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion	1,977.27	Active	Surgery	Surgery

33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass	1,918.43	Active	Surgery	Surgery
33475	Replacement, pulmonary valve	2,796.92	Active	Surgery	Surgery
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	1,929.56	Active	Surgery	Surgery
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	2,268.42	Active	Surgery	Surgery
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	2,321.66	Active	Surgery	Surgery
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	2,159.12	Active	Surgery	Surgery
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	1,374.06	Active	Surgery	Surgery
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	1,801.54	Active	Surgery	Surgery
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	1,570.87	Active	Surgery	Surgery
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	2,043.49	Active	Surgery	Surgery
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	1,967.09	Active	Surgery	Surgery
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	2,826.90	Active	Surgery	Surgery
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	2,458.49	Active	Surgery	Surgery
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	23.64	Active	Surgery	Surgery
33510	Coronary artery bypass, vein only; single coronary venous graft	2,569.87	Active	Surgery	Surgery
33511	Coronary artery bypass, vein only; two coronary venous grafts	2,664.31	Active	Surgery	Surgery
33512	Coronary artery bypass, vein only; three coronary venous grafts	2,777.82	Active	Surgery	Surgery
33513	Coronary artery bypass, vein only; four coronary venous grafts	2,829.62	Active	Surgery	Surgery
33514	Coronary artery bypass, vein only; five coronary venous grafts	2,851.27	Active	Surgery	Surgery
33516	Coronary artery bypass, vein only; six or more coronary venous grafts	3,034.26	Active	Surgery	Surgery
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)	206.71	Active	Surgery	Surgery
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft)	388.44	Active	Surgery	Surgery
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft)	565.22	Active	Surgery	Surgery
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft)	745.95	Active	Surgery	Surgery
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft)	937.86	Active	Surgery	Surgery
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft)	1,121.08	Active	Surgery	Surgery

33530	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)	469.45	Active	Surgery	Surgery
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	2,643.18	Active	Surgery	Surgery
33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts	2,803.85	Active	Surgery	Surgery
33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts	2,972.23	Active	Surgery	Surgery
33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts	3,176.69	Active	Surgery	Surgery
33542	Myocardial resection (eg, ventricular aneurysmectomy)	2,442.17	Active	Surgery	Surgery
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	3,013.10	Active	Surgery	Surgery
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)	3,250.00	Active	Surgery	Surgery
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	352.88	Active	Surgery	Surgery
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	2,460.53	Active	Surgery	Surgery
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	2,311.06	Active	Surgery	Surgery
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	2,550.55	Active	Surgery	Surgery
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	2,638.56	Active	Surgery	Surgery
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	2,569.13	Active	Surgery	Surgery
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	2,697.32	Active	Surgery	Surgery
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	2,937.50	Active	Surgery	Surgery
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	2,654.19	Active	Surgery	Surgery
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	3,114.73	Active	Surgery	Surgery
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	3,761.04	Active	Surgery	Surgery
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	1,805.02	Active	Surgery	Surgery
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	2,124.85	Active	Surgery	Surgery
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	2,276.83	Active	Surgery	Surgery
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	2,527.23	Active	Surgery	Surgery
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	2,393.56	Active	Surgery	Surgery
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	2,755.83	Active	Surgery	Surgery

33681	Closure of ventricular septal defect, with or without patch;	2,587.11	Active	Surgery	Surgery
33684	Closure of ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	2,322.92	Active	Surgery	Surgery
33688	Closure of ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	2,490.81	Active	Surgery	Surgery
33690	Banding of pulmonary artery	1,525.01	Active	Surgery	Surgery
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	2,589.67	Active	Surgery	Surgery
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	2,859.45	Active	Surgery	Surgery
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	2,758.08	Active	Surgery	Surgery
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	2,205.88	Active	Surgery	Surgery
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	2,520.99	Active	Surgery	Surgery
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	2,225.30	Active	Surgery	Surgery
33722	Closure of aortico-left ventricular tunnel	1,910.93	Active	Surgery	Surgery
33730	Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	2,822.39	Active	Surgery	Surgery
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	2,302.82	Active	Surgery	Surgery
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	1,552.09	Active	Surgery	Surgery
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	1,948.95	Active	Surgery	Surgery
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	1,871.32	Active	Surgery	Surgery
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	1,464.07	Active	Surgery	Surgery
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	1,800.57	Active	Surgery	Surgery
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	1,826.13	Active	Surgery	Surgery
33764	Shunt; central, with prosthetic graft	1,805.59	Active	Surgery	Surgery
33766	Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)	2,018.77	Active	Surgery	Surgery
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	2,114.88	Active	Surgery	Surgery
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	641.15	Active	Surgery	Surgery
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	3,083.14	Active	Surgery	Surgery
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	2,893.87	Active	Surgery	Surgery
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	2,665.67	Active	Surgery	Surgery
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	2,760.52	Active	Surgery	Surgery
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	2,882.66	Active	Surgery	Surgery

33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	2,922.21	Active	Surgery	Surgery
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	3,368.22	Active	Surgery	Surgery
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	2,577.57	Active	Surgery	Surgery
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	3,074.99	Active	Surgery	Surgery
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	3,054.16	Active	Surgery	Surgery
33786	Total repair, truncus arteriosus (Rastelli type operation)	3,233.11	Active	Surgery	Surgery
33788	Reimplantation of an anomalous pulmonary artery	2,249.63	Active	Surgery	Surgery
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	1,400.63	Active	Surgery	Surgery
33802	Division of aberrant vessel (vascular ring);	1,465.50	Active	Surgery	Surgery
33803	Division of aberrant vessel (vascular ring); with reanastomosis	1,730.59	Active	Surgery	Surgery
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	1,802.47	Active	Surgery	Surgery
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	2,206.12	Active	Surgery	Surgery
33820	Repair of patent ductus arteriosus; by ligation	1,391.97	Active	Surgery	Surgery
33822	Repair of patent ductus arteriosus; by division, under 18 years	1,514.21	Active	Surgery	Surgery
33824	Repair of patent ductus arteriosus; by division, 18 years and older	1,680.05	Active	Surgery	Surgery
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	1,608.77	Active	Surgery	Surgery
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	1,895.80	Active	Surgery	Surgery
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	1,829.57	Active	Surgery	Surgery
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	1,775.70	Active	Surgery	Surgery
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	2,644.21	Active	Surgery	Surgery
33860	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;	3,190.64	Active	Surgery	Surgery
33861	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction	3,511.27	Active	Surgery	Surgery
33863	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction	3,710.56	Active	Surgery	Surgery
33870	Transverse arch graft, with cardiopulmonary bypass	3,662.82	Active	Surgery	Surgery
33875	Descending thoracic aorta graft, with or without bypass	2,748.05	Active	Surgery	Surgery
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	3,412.17	Active	Surgery	Surgery

33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	2,348.04	Active	Surgery	Surgery
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	2,009.68	Active	Surgery	Surgery
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	1,536.10	Active	Surgery	Surgery
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	588.18	Active	Surgery	Surgery
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	1,321.17	Active	Surgery	Surgery
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	1,236.61	Active	Surgery	Surgery
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	1,568.39	Active	Surgery	Surgery
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	2,087.44	Active	Surgery	Surgery
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	1,476.95	Active	Surgery	Surgery
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	2,131.47	Active	Surgery	Surgery
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	2,109.96	Active	Surgery	Surgery
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	2,601.63	Active	Surgery	Surgery
33922	Transection of pulmonary artery with cardiopulmonary bypass	1,917.80	Active	Surgery	Surgery
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	441.19	Active	Surgery	Surgery
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	2,569.85	Active	Surgery	Surgery
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	3,486.26	Active	Surgery	Surgery
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	0.00	Active	Surgery	Surgery
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	0.00	Active	Surgery	Surgery
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	5,169.71	Active	Surgery	Surgery

33940	Donor cardiectomy (including cold preservation)	0.00	Active	Surgery	Surgery
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	0.00	Active	Surgery	Surgery
33945	Heart transplant, with or without recipient cardiectomy	3,623.90	Active	Surgery	Surgery
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours	1,458.08	Active	Surgery	Surgery
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)	742.38	Active	Surgery	Surgery
33967	Insertion of intra-aortic balloon assist device, percutaneous	330.66	Active	Surgery	Surgery
33968	Removal of intra-aortic balloon assist device, percutaneous	47.40	Active	Surgery	Surgery
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	509.31	Active	Surgery	Surgery
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	838.87	Active	Surgery	Surgery
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	750.06	Active	Surgery	Surgery
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	1,188.04	Active	Surgery	Surgery
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	1,645.93	Active	Surgery	Surgery
33976	Insertion of ventricular assist device; extracorporeal, biventricular	1,808.10	Active	Surgery	Surgery
33977	Removal of ventricular assist device; extracorporeal, single ventricle	1,693.95	Active	Surgery	Surgery
33978	Removal of ventricular assist device; extracorporeal, biventricular	1,909.06	Active	Surgery	Surgery
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	3,689.05	Active	Surgery	Surgery
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	4,765.22	Active	Surgery	Surgery
33999	Unlisted procedure, cardiac surgery	0.00	Active	Surgery	Surgery
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	1,103.49	Active	Surgery	Surgery
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	1,301.46	Active	Surgery	Surgery
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	857.73	Active	Surgery	Surgery
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	855.96	Active	Surgery	Surgery
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	2,044.36	Active	Surgery	Surgery
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	867.72	Active	Surgery	Surgery
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	1,392.22	Active	Surgery	Surgery
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	1,972.09	Active	Surgery	Surgery
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	999.21	Active	Surgery	Surgery
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	2,214.46	Active	Surgery	Surgery
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	822.55	Active	Surgery	Surgery

34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	854.23	Active	Surgery	Surgery
34501	Valvuloplasty, femoral vein	1,384.20	Active	Surgery	Surgery
34502	Reconstruction of vena cava, any method	2,205.04	Active	Surgery	Surgery
34510	Venous valve transposition, any vein donor	1,537.25	Active	Surgery	Surgery
34520	Cross-over vein graft to venous system	1,454.28	Active	Surgery	Surgery
34530	Saphenopopliteal vein anastomosis	1,307.66	Active	Surgery	Surgery
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	1,627.70	Active	Surgery	Surgery
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)	1,721.38	Active	Surgery	Surgery
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)	1,723.31	Active	Surgery	Surgery
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	1,716.78	Active	Surgery	Surgery
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	1,612.62	Active	Surgery	Surgery
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	325.98	Active	Surgery	Surgery
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	571.18	Active	Surgery	Surgery
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	375.38	Active	Surgery	Surgery
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	789.27	Active	Surgery	Surgery
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	946.31	Active	Surgery	Surgery
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	299.47	Active	Surgery	Surgery
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	2,654.24	Active	Surgery	Surgery
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	2,762.38	Active	Surgery	Surgery
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	2,855.78	Active	Surgery	Surgery
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	959.16	Active	Surgery	Surgery
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	436.37	Active	Surgery	Surgery
34900	Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)	1,306.91	Active	Surgery	Surgery

35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	1,656.10	Active	Surgery	Surgery
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	1,752.04	Active	Surgery	Surgery
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	1,383.45	Active	Surgery	Surgery
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	1,486.05	Active	Surgery	Surgery
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	1,811.32	Active	Surgery	Surgery
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	1,662.27	Active	Surgery	Surgery
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	1,879.84	Active	Surgery	Surgery
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	1,433.56	Active	Surgery	Surgery
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	0.00	Active	Surgery	Surgery
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	3,114.72	Active	Surgery	Surgery
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	2,871.07	Active	Surgery	Surgery
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	3,640.27	Active	Surgery	Surgery
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	2,518.04	Active	Surgery	Surgery
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	3,275.26	Active	Surgery	Surgery
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	2,030.54	Active	Surgery	Surgery

35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	2,401.78	Active	Surgery	Surgery
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	2,454.85	Active	Surgery	Surgery
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	2,795.33	Active	Surgery	Surgery
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	2,098.54	Active	Surgery	Surgery
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	2,455.20	Active	Surgery	Surgery
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	1,665.05	Active	Surgery	Surgery
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	1,936.15	Active	Surgery	Surgery
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	1,873.87	Active	Surgery	Surgery
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	2,113.03	Active	Surgery	Surgery
35180	Repair, congenital arteriovenous fistula; head and neck	993.08	Active	Surgery	Surgery
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	2,480.35	Active	Surgery	Surgery
35184	Repair, congenital arteriovenous fistula; extremities	1,493.26	Active	Surgery	Surgery
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	1,248.09	Active	Surgery	Surgery
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	0.00	Active	Surgery	Surgery
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	1,079.57	Active	Surgery	Surgery
35201	Repair blood vessel, direct; neck	1,371.04	Active	Surgery	Surgery
35206	Repair blood vessel, direct; upper extremity	1,115.86	Active	Surgery	Surgery
35207	Repair blood vessel, direct; hand, finger	945.31	Active	Surgery	Surgery
35211	Repair blood vessel, direct; intrathoracic, with bypass	1,866.63	Active	Surgery	Surgery
35216	Repair blood vessel, direct; intrathoracic, without bypass	1,570.09	Active	Surgery	Surgery
35221	Repair blood vessel, direct; intra-abdominal	1,968.71	Active	Surgery	Surgery
35226	Repair blood vessel, direct; lower extremity	1,225.73	Active	Surgery	Surgery
35231	Repair blood vessel with vein graft; neck	1,692.73	Active	Surgery	Surgery
35236	Repair blood vessel with vein graft; upper extremity	1,423.74	Active	Surgery	Surgery
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	1,984.90	Active	Surgery	Surgery
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	2,194.04	Active	Surgery	Surgery

35251	Repair blood vessel with vein graft; intra-abdominal	2,412.76	Active	Surgery	Surgery
35256	Repair blood vessel with vein graft; lower extremity	1,528.23	Active	Surgery	Surgery
35261	Repair blood vessel with graft other than vein; neck	1,489.23	Active	Surgery	Surgery
35266	Repair blood vessel with graft other than vein; upper extremity	1,242.31	Active	Surgery	Surgery
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	1,856.10	Active	Surgery	Surgery
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	2,027.98	Active	Surgery	Surgery
35281	Repair blood vessel with graft other than vein; intra-abdominal	2,288.74	Active	Surgery	Surgery
35286	Repair blood vessel with graft other than vein; lower extremity	1,375.73	Active	Surgery	Surgery
35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	1,554.22	Active	Surgery	Surgery
35311	Thromboendarterectomy, with or without patch graft; subclavian, innominate, by thoracic incision	2,150.65	Active	Surgery	Surgery
35321	Thromboendarterectomy, with or without patch graft; axillary-brachial	1,328.08	Active	Surgery	Surgery
35331	Thromboendarterectomy, with or without patch graft; abdominal aorta	2,171.58	Active	Surgery	Surgery
35341	Thromboendarterectomy, with or without patch graft; mesenteric, celiac, or renal	2,103.82	Active	Surgery	Surgery
35351	Thromboendarterectomy, with or without patch graft; iliac	1,895.02	Active	Surgery	Surgery
35355	Thromboendarterectomy, with or without patch graft; iliofemoral	1,531.87	Active	Surgery	Surgery
35361	Thromboendarterectomy, with or without patch graft; combined aortoiliac	2,329.00	Active	Surgery	Surgery
35363	Thromboendarterectomy, with or without patch graft; combined aortoiliofemoral	2,475.81	Active	Surgery	Surgery
35371	Thromboendarterectomy, with or without patch graft; common femoral	1,239.61	Active	Surgery	Surgery
35372	Thromboendarterectomy, with or without patch graft; deep (profunda) femoral	1,502.26	Active	Surgery	Surgery
35381	Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal	1,336.71	Active	Surgery	Surgery
35390	Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)	252.93	Active	Surgery	Surgery
35400	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	241.32	Active	Surgery	Surgery
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	769.64	Active	Surgery	Surgery
35452	Transluminal balloon angioplasty, open; aortic	548.37	Active	Surgery	Surgery
35454	Transluminal balloon angioplasty, open; iliac	489.15	Active	Surgery	Surgery
35456	Transluminal balloon angioplasty, open; femoral-popliteal	590.19	Active	Surgery	Surgery
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	744.18	Active	Surgery	Surgery
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	688.57	Active	Surgery	Surgery
35460	Transluminal balloon angioplasty, open; venous	480.70	Active	Surgery	Surgery
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	3,573.98	Active	Surgery	Surgery
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	4,026.91	Active	Surgery	Surgery
35472	Transluminal balloon angioplasty, percutaneous; aortic	2,630.25	Active	Surgery	Surgery
35473	Transluminal balloon angioplasty, percutaneous; iliac	2,424.14	Active	Surgery	Surgery
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	3,459.56	Active	Surgery	Surgery

35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	2,459.60	Active	Surgery	Surgery
35476	Transluminal balloon angioplasty, percutaneous; venous	1,869.25	Active	Surgery	Surgery
35480	Transluminal peripheral atherectomy, open; renal or other visceral artery	834.29	Active	Surgery	Surgery
35481	Transluminal peripheral atherectomy, open; aortic	620.90	Active	Surgery	Surgery
35482	Transluminal peripheral atherectomy, open; iliac	527.15	Active	Surgery	Surgery
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	650.36	Active	Surgery	Surgery
35484	Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel	796.10	Active	Surgery	Surgery
35485	Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches	762.16	Active	Surgery	Surgery
35490	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	756.45	Active	Surgery	Surgery
35491	Transluminal peripheral atherectomy, percutaneous; aortic	566.54	Active	Surgery	Surgery
35492	Transluminal peripheral atherectomy, percutaneous; iliac	467.70	Active	Surgery	Surgery
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	573.14	Active	Surgery	Surgery
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	699.86	Active	Surgery	Surgery
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	675.34	Active	Surgery	Surgery
35500	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	507.05	Active	Surgery	Surgery
35501	Bypass graft, with vein; carotid	1,598.95	Active	Surgery	Surgery
35506	Bypass graft, with vein; carotid-subclavian	1,664.85	Active	Surgery	Surgery
35507	Bypass graft, with vein; subclavian-carotid	1,659.93	Active	Surgery	Surgery
35508	Bypass graft, with vein; carotid-vertebral	1,605.11	Active	Surgery	Surgery
35509	Bypass graft, with vein; carotid-carotid	1,528.75	Active	Surgery	Surgery
35510	Bypass graft, with vein; carotid-brachial	1,697.79	Active	Surgery	Surgery
35511	Bypass graft, with vein; subclavian-subclavian	1,732.82	Active	Surgery	Surgery
35512	Bypass graft, with vein; subclavian-brachial	1,670.75	Active	Surgery	Surgery
35515	Bypass graft, with vein; subclavian-vertebral	1,599.57	Active	Surgery	Surgery
35516	Bypass graft, with vein; subclavian-axillary	1,337.43	Active	Surgery	Surgery
35518	Bypass graft, with vein; axillary-axillary	1,740.86	Active	Surgery	Surgery
35521	Bypass graft, with vein; axillary-femoral	1,830.62	Active	Surgery	Surgery
35522	Bypass graft, with vein; axillary-brachial	1,630.79	Active	Surgery	Surgery
35525	Bypass graft, with vein; brachial-brachial	1,569.83	Active	Surgery	Surgery
35526	Bypass graft, with vein; aortosubclavian or carotid	2,339.21	Active	Surgery	Surgery
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	2,943.50	Active	Surgery	Surgery
35533	Bypass graft, with vein; axillary-femoral-femoral	2,268.23	Active	Surgery	Surgery
35536	Bypass graft, with vein; splenorenal	2,602.97	Active	Surgery	Surgery
35541	Bypass graft, with vein; aortoiliac or bi-iliac	2,132.42	Active	Surgery	Surgery
35546	Bypass graft, with vein; aortofemoral or bifemoral	2,107.87	Active	Surgery	Surgery
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	1,763.27	Active	Surgery	Surgery
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	1,927.59	Active	Surgery	Surgery
35551	Bypass graft, with vein; aortofemoral-popliteal	2,186.33	Active	Surgery	Surgery
35556	Bypass graft, with vein; femoral-popliteal	1,802.90	Active	Surgery	Surgery
35558	Bypass graft, with vein; femoral-femoral	1,755.31	Active	Surgery	Surgery
35560	Bypass graft, with vein; aortorenal	2,651.45	Active	Surgery	Surgery
35563	Bypass graft, with vein; ilioiliac	2,007.61	Active	Surgery	Surgery
35565	Bypass graft, with vein; iliofemoral	1,913.35	Active	Surgery	Surgery

35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	2,207.23	Active	Surgery	Surgery
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	1,996.87	Active	Surgery	Surgery
35572	Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	540.92	Active	Surgery	Surgery
35583	In-situ vein bypass; femoral-popliteal	1,855.97	Active	Surgery	Surgery
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	2,332.08	Active	Surgery	Surgery
35587	In-situ vein bypass; popliteal-tibial, peroneal	2,063.09	Active	Surgery	Surgery
35600	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure	394.06	Active	Surgery	Surgery
35601	Bypass graft, with other than vein; carotid	1,478.24	Active	Surgery	Surgery
35606	Bypass graft, with other than vein; carotid-subclavian	1,578.61	Active	Surgery	Surgery
35612	Bypass graft, with other than vein; subclavian-subclavian	1,306.98	Active	Surgery	Surgery
35616	Bypass graft, with other than vein; subclavian-axillary	1,331.50	Active	Surgery	Surgery
35621	Bypass graft, with other than vein; axillary-femoral	1,660.27	Active	Surgery	Surgery
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	1,987.51	Active	Surgery	Surgery
35626	Bypass graft, with other than vein; aortosubclavian or carotid	2,306.95	Active	Surgery	Surgery
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	2,791.17	Active	Surgery	Surgery
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	2,395.94	Active	Surgery	Surgery
35641	Bypass graft, with other than vein; aortoiliac or bi-iliac	2,045.50	Active	Surgery	Surgery
35642	Bypass graft, with other than vein; carotid-vertebral	1,462.10	Active	Surgery	Surgery
35645	Bypass graft, with other than vein; subclavian-vertebral	1,464.84	Active	Surgery	Surgery
35646	Bypass graft, with other than vein; aortobifemoral	2,547.10	Active	Surgery	Surgery
35647	Bypass graft, with other than vein; aortofemoral	2,294.70	Active	Surgery	Surgery
35650	Bypass graft, with other than vein; axillary-axillary	1,571.55	Active	Surgery	Surgery
35651	Bypass graft, with other than vein; aortofemoral-popliteal	2,021.80	Active	Surgery	Surgery
35654	Bypass graft, with other than vein; axillary-femoral-femoral	2,047.72	Active	Surgery	Surgery
35656	Bypass graft, with other than vein; femoral-popliteal	1,616.42	Active	Surgery	Surgery
35661	Bypass graft, with other than vein; femoral-femoral	1,591.30	Active	Surgery	Surgery
35663	Bypass graft, with other than vein; ilioiliac	1,823.48	Active	Surgery	Surgery
35665	Bypass graft, with other than vein; iliofemoral	1,745.15	Active	Surgery	Surgery
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	1,863.56	Active	Surgery	Surgery
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	1,631.10	Active	Surgery	Surgery
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	126.67	Active	Surgery	Surgery
35682	Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)	568.91	Active	Surgery	Surgery
35683	Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)	669.18	Active	Surgery	Surgery
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	320.13	Active	Surgery	Surgery
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	263.47	Active	Surgery	Surgery

35691	Transposition and/or reimplantation; vertebral to carotid artery	1,509.78	Active	Surgery	Surgery
35693	Transposition and/or reimplantation; vertebral to subclavian artery	1,307.49	Active	Surgery	Surgery
35694	Transposition and/or reimplantation; subclavian to carotid artery	1,583.10	Active	Surgery	Surgery
35695	Transposition and/or reimplantation; carotid to subclavian artery	1,588.43	Active	Surgery	Surgery
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	234.67	Active	Surgery	Surgery
35700	Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)	243.36	Active	Surgery	Surgery
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	735.77	Active	Surgery	Surgery
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	639.09	Active	Surgery	Surgery
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	697.64	Active	Surgery	Surgery
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	498.50	Active	Surgery	Surgery
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	625.81	Active	Surgery	Surgery
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	1,136.87	Active	Surgery	Surgery
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	833.21	Active	Surgery	Surgery
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	512.11	Active	Surgery	Surgery
35870	Repair of graft-enteric fistula	1,805.73	Active	Surgery	Surgery
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	856.92	Active	Surgery	Surgery
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	1,400.97	Active	Surgery	Surgery
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	1,344.12	Active	Surgery	Surgery
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	1,511.72	Active	Surgery	Surgery
35901	Excision of infected graft; neck	733.50	Active	Surgery	Surgery
35903	Excision of infected graft; extremity	840.21	Active	Surgery	Surgery
35905	Excision of infected graft; thorax	2,560.45	Active	Surgery	Surgery
35907	Excision of infected graft; abdomen	2,837.83	Active	Surgery	Surgery
36000	Introduction of needle or intracatheter, vein	29.12	Active	Surgery	Surgery
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	212.37	Active	Surgery	Surgery
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	314.73	Active	Surgery	Surgery
36010	Introduction of catheter, superior or inferior vena cava	808.82	Active	Surgery	Surgery
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	1,147.08	Active	Surgery	Surgery
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	847.34	Active	Surgery	Surgery
36013	Introduction of catheter, right heart or main pulmonary artery	892.83	Active	Surgery	Surgery
36014	Selective catheter placement, left or right pulmonary artery	860.42	Active	Surgery	Surgery

36015	Selective catheter placement, segmental or subsegmental pulmonary artery	1,007.67	Active	Surgery	Surgery
36100	Introduction of needle or intracatheter, carotid or vertebral artery	593.21	Active	Surgery	Surgery
36120	Introduction of needle or intracatheter; retrograde brachial artery	481.48	Active	Surgery	Surgery
36140	Introduction of needle or intracatheter; extremity artery	557.07	Active	Surgery	Surgery
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	540.62	Active	Surgery	Surgery
36160	Introduction of needle or intracatheter, aortic, translumbar	620.91	Active	Surgery	Surgery
36200	Introduction of catheter, aorta	743.84	Active	Surgery	Surgery
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	1,184.43	Active	Surgery	Surgery
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	1,287.90	Active	Surgery	Surgery
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	2,269.99	Active	Surgery	Surgery
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	231.77	Active	Surgery	Surgery
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1,367.14	Active	Surgery	Surgery
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1,331.10	Active	Surgery	Surgery
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	2,069.16	Active	Surgery	Surgery
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	195.39	Active	Surgery	Surgery
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	807.63	Active	Surgery	Surgery
36261	Revision of implanted intra-arterial infusion pump	480.93	Active	Surgery	Surgery
36262	Removal of implanted intra-arterial infusion pump	360.64	Active	Surgery	Surgery
36299	Unlisted procedure, vascular injection	0.00	Active	Surgery	Surgery
36400	Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein	31.07	Active	Surgery	Surgery
36405	Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein	27.42	Active	Surgery	Surgery
36406	Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein	19.08	Active	Surgery	Surgery
36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	19.42	Active	Surgery	Surgery
36415	Collection of venous blood by venipuncture	0.00	Active	Surgery	Surgery
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	0.00	Active	Surgery	Surgery

36420	Venipuncture, cutdown; under age 1 year	66.86	Active	Surgery	Surgery
36425	Venipuncture, cutdown; age 1 or over	50.37	Active	Surgery	Surgery
36430	Transfusion, blood or blood components	45.59	Active	Surgery	Surgery
36440	Push transfusion, blood, 2 years or under	71.28	Active	Surgery	Surgery
36450	Exchange transfusion, blood; newborn	156.02	Active	Surgery	Surgery
36455	Exchange transfusion, blood; other than newborn	164.28	Active	Surgery	Surgery
36460	Transfusion, intrauterine, fetal	495.86	Active	Surgery	Surgery
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	0.00	Active	Surgery	Surgery
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	0.00	Active	Surgery	Surgery
36470	Injection of sclerosing solution; single vein	160.50	Active	Surgery	Surgery
36471	Injection of sclerosing solution; multiple veins, same leg	206.68	Active	Surgery	Surgery
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	2,135.16	Active	Surgery	Surgery
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	448.46	Active	Surgery	Surgery
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	1,974.76	Active	Surgery	Surgery
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	452.27	Active	Surgery	Surgery
36481	Percutaneous portal vein catheterization by any method	591.63	Active	Surgery	Surgery
36500	Venous catheterization for selective organ blood sampling	231.27	Active	Surgery	Surgery
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	198.88	Active	Surgery	Surgery
36511	Therapeutic apheresis; for white blood cells	113.02	Active	Surgery	Surgery
36512	Therapeutic apheresis; for red blood cells	113.37	Active	Surgery	Surgery
36513	Therapeutic apheresis; for platelets	128.92	Active	Surgery	Surgery
36514	Therapeutic apheresis; for plasma pheresis	677.37	Active	Surgery	Surgery
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	2,391.19	Active	Surgery	Surgery
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	2,985.85	Active	Surgery	Surgery
36522	Photopheresis, extracorporeal	1,218.14	Active	Surgery	Surgery
36540	Collection of blood specimen from a completely implantable venous access device	0.00	Active	Surgery	Surgery
36550	Dec clotting by thrombolytic agent of implanted vascular access device or catheter	78.88	Active	Surgery	Surgery
36555	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age	332.69	Active	Surgery	Surgery
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	334.71	Active	Surgery	Surgery
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age	1,050.46	Active	Surgery	Surgery

36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	1,034.30	Active	Surgery	Surgery
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age	1,395.65	Active	Surgery	Surgery
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	1,381.96	Active	Surgery	Surgery
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	1,339.39	Active	Surgery	Surgery
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	1,212.21	Active	Surgery	Surgery
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)	1,261.07	Active	Surgery	Surgery
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age	362.21	Active	Surgery	Surgery
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	365.53	Active	Surgery	Surgery
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age	1,477.91	Active	Surgery	Surgery
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	1,479.49	Active	Surgery	Surgery
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	204.33	Active	Surgery	Surgery
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	409.62	Active	Surgery	Surgery
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	567.82	Active	Surgery	Surgery
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	330.10	Active	Surgery	Surgery
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	855.94	Active	Surgery	Surgery
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	1,156.96	Active	Surgery	Surgery
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	1,159.76	Active	Surgery	Surgery
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	326.48	Active	Surgery	Surgery
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	1,202.74	Active	Surgery	Surgery
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	216.37	Active	Surgery	Surgery
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	334.42	Active	Surgery	Surgery
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	788.29	Active	Surgery	Surgery

36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	168.74	Active	Surgery	Surgery
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	147.04	Active	Surgery	Surgery
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	131.94	Active	Surgery	Surgery
36600	Arterial puncture, withdrawal of blood for diagnosis	34.04	Active	Surgery	Surgery
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	68.98	Active	Surgery	Surgery
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	153.55	Active	Surgery	Surgery
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	161.96	Active	Surgery	Surgery
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	99.19	Active	Surgery	Surgery
36680	Placement of needle for intraosseous infusion	87.17	Active	Surgery	Surgery
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	209.66	Active	Surgery	Surgery
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	305.21	Active	Surgery	Surgery
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	213.19	Active	Surgery	Surgery
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	1,030.82	Active	Surgery	Surgery
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	1,157.25	Active	Surgery	Surgery
36820	Arteriovenous anastomosis, open; by forearm vein transposition	1,155.83	Active	Surgery	Surgery
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	756.07	Active	Surgery	Surgery
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	520.50	Active	Surgery	Surgery
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	1,721.52	Active	Surgery	Surgery
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	829.62	Active	Surgery	Surgery
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	981.92	Active	Surgery	Surgery
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	667.40	Active	Surgery	Surgery
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	861.59	Active	Surgery	Surgery
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	977.00	Active	Surgery	Surgery
36834	Plastic repair of arteriovenous aneurysm (separate procedure)	827.96	Active	Surgery	Surgery
36835	Insertion of Thomas shunt (separate procedure)	625.17	Active	Surgery	Surgery

36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	1,729.19	Active	Surgery	Surgery
36860	External cannula declotting (separate procedure); without balloon catheter	166.12	Active	Surgery	Surgery
36861	External cannula declotting (separate procedure); with balloon catheter	205.91	Active	Surgery	Surgery
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	2,111.43	Active	Surgery	Surgery
37140	Venous anastomosis, open; portocaval	1,715.82	Active	Surgery	Surgery
37145	Venous anastomosis, open; renoportal	1,990.80	Active	Surgery	Surgery
37160	Venous anastomosis, open; caval-mesenteric	1,730.38	Active	Surgery	Surgery
37180	Venous anastomosis, open; splenorenal, proximal	1,986.95	Active	Surgery	Surgery
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	2,109.71	Active	Surgery	Surgery
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	1,105.14	Active	Surgery	Surgery
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	525.64	Active	Surgery	Surgery
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	2,954.37	Active	Surgery	Surgery
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	970.92	Active	Surgery	Surgery
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	1,980.55	Active	Surgery	Surgery
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	2,868.00	Active	Surgery	Surgery
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	2,460.01	Active	Surgery	Surgery
37195	Thrombolysis, cerebral, by intravenous infusion	0.00	Active	Surgery	Surgery
37200	Transcatheter biopsy	292.13	Active	Surgery	Surgery
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	357.72	Active	Surgery	Surgery

37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	421.13	Active	Surgery	Surgery
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	1,405.78	Active	Surgery	Surgery
37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	1,232.63	Active	Surgery	Surgery
37205	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel	586.09	Active	Surgery	Surgery
37206	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	278.58	Active	Surgery	Surgery
37207	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel	666.36	Active	Surgery	Surgery
37208	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)	326.32	Active	Surgery	Surgery
37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy	148.15	Active	Surgery	Surgery
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	1,299.96	Active	Surgery	Surgery
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	1,250.55	Active	Surgery	Surgery
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	151.91	Active	Surgery	Surgery
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	120.30	Active	Surgery	Surgery
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	974.54	Active	Surgery	Surgery
37501	Unlisted vascular endoscopy procedure	0.00	Active	Surgery	Surgery
37565	Ligation, internal jugular vein	889.75	Active	Surgery	Surgery
37600	Ligation; external carotid artery	954.53	Active	Surgery	Surgery
37605	Ligation; internal or common carotid artery	1,143.27	Active	Surgery	Surgery
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	640.86	Active	Surgery	Surgery
37607	Ligation or banding of angioaccess arteriovenous fistula	534.00	Active	Surgery	Surgery
37609	Ligation or biopsy, temporal artery	346.74	Active	Surgery	Surgery
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	504.83	Active	Surgery	Surgery
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	1,387.19	Active	Surgery	Surgery
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	1,775.33	Active	Surgery	Surgery
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	448.09	Active	Surgery	Surgery
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	805.13	Active	Surgery	Surgery
37650	Ligation of femoral vein	670.44	Active	Surgery	Surgery
37660	Ligation of common iliac vein	1,639.76	Active	Surgery	Surgery
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	348.00	Active	Surgery	Surgery

37718	Ligation, division, and stripping, short saphenous vein	451.68	Active	Surgery	Surgery
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	634.58	Active	Surgery	Surgery
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	897.29	Active	Surgery	Surgery
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	882.14	Active	Surgery	Surgery
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	555.69	Active	Surgery	Surgery
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	662.77	Active	Surgery	Surgery
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	354.73	Active	Surgery	Surgery
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	437.91	Active	Surgery	Surgery
37788	Penile revascularization, artery, with or without vein graft	1,642.89	Active	Surgery	Surgery
37790	Penile venous occlusive procedure	608.34	Active	Surgery	Surgery
37799	Unlisted procedure, vascular surgery	0.00	Active	Surgery	Surgery
38100	Splenectomy; total (separate procedure)	1,164.41	Active	Surgery	Surgery
38101	Splenectomy; partial (separate procedure)	1,233.76	Active	Surgery	Surgery
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	370.74	Active	Surgery	Surgery
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	1,266.56	Active	Surgery	Surgery
38120	Laparoscopy, surgical, splenectomy	1,369.96	Active	Surgery	Surgery
38129	Unlisted laparoscopy procedure, spleen	0.00	Active	Surgery	Surgery
38200	Injection procedure for splenoportography	167.24	Active	Surgery	Surgery
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	0.00	Active	Surgery	Surgery
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	99.02	Active	Surgery	Surgery
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	99.02	Active	Surgery	Surgery
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	0.00	Active	Surgery	Surgery
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	0.00	Active	Surgery	Surgery
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	0.00	Active	Surgery	Surgery
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	0.00	Active	Surgery	Surgery
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	0.00	Active	Surgery	Surgery
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	0.00	Active	Surgery	Surgery
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	0.00	Active	Surgery	Surgery
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	0.00	Active	Surgery	Surgery
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	0.00	Active	Surgery	Surgery
38220	Bone marrow; aspiration only	183.73	Active	Surgery	Surgery
38221	Bone marrow; biopsy, needle or trocar	206.81	Active	Surgery	Surgery
38230	Bone marrow harvesting for transplantation	388.32	Active	Surgery	Surgery

38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic	149.87	Active	Surgery	Surgery
38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous	150.21	Active	Surgery	Surgery
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	113.48	Active	Surgery	Surgery
38300	Drainage of lymph node abscess or lymphadenitis; simple	277.66	Active	Surgery	Surgery
38305	Drainage of lymph node abscess or lymphadenitis; extensive	563.02	Active	Surgery	Surgery
38308	Lymphangiectomy or other operations on lymphatic channels	552.50	Active	Surgery	Surgery
38380	Suture and/or ligation of thoracic duct; cervical approach	643.34	Active	Surgery	Surgery
38381	Suture and/or ligation of thoracic duct; thoracic approach	1,108.11	Active	Surgery	Surgery
38382	Suture and/or ligation of thoracic duct; abdominal approach	867.48	Active	Surgery	Surgery
38500	Biopsy or excision of lymph node(s); open, superficial	372.95	Active	Surgery	Surgery
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	135.48	Active	Surgery	Surgery
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	591.39	Active	Surgery	Surgery
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	570.78	Active	Surgery	Surgery
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	512.00	Active	Surgery	Surgery
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	687.44	Active	Surgery	Surgery
38542	Dissection, deep jugular node(s)	511.12	Active	Surgery	Surgery
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	583.57	Active	Surgery	Surgery
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	1,202.67	Active	Surgery	Surgery
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	855.48	Active	Surgery	Surgery
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	872.71	Active	Surgery	Surgery
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	728.38	Active	Surgery	Surgery
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	1,019.38	Active	Surgery	Surgery
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	1,282.23	Active	Surgery	Surgery
38589	Unlisted laparoscopy procedure, lymphatic system	0.00	Active	Surgery	Surgery
38700	Suprahyoid lymphadenectomy	691.86	Active	Surgery	Surgery
38720	Cervical lymphadenectomy (complete)	1,111.83	Active	Surgery	Surgery
38724	Cervical lymphadenectomy (modified radical neck dissection)	1,181.93	Active	Surgery	Surgery
38740	Axillary lymphadenectomy; superficial	828.13	Active	Surgery	Surgery
38745	Axillary lymphadenectomy; complete	1,069.92	Active	Surgery	Surgery
38746	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)	389.41	Active	Surgery	Surgery
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	377.35	Active	Surgery	Surgery
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)	1,061.77	Active	Surgery	Surgery

38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	1,586.19	Active	Surgery	Surgery
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	1,005.68	Active	Surgery	Surgery
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	1,317.84	Active	Surgery	Surgery
38790	Injection procedure; lymphangiography	332.85	Active	Surgery	Surgery
38792	Injection procedure; for identification of sentinel node	47.84	Active	Surgery	Surgery
38794	Cannulation, thoracic duct	364.21	Active	Surgery	Surgery
38999	Unlisted procedure, hemic or lymphatic system	0.00	Active	Surgery	Surgery
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	576.29	Active	Surgery	Surgery
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	1,068.97	Active	Surgery	Surgery
39200	Excision of mediastinal cyst	1,193.73	Active	Surgery	Surgery
39220	Excision of mediastinal tumor	1,493.77	Active	Surgery	Surgery
39400	Mediastinoscopy, with or without biopsy	550.12	Active	Surgery	Surgery
39499	Unlisted procedure, mediastinum	0.00	Active	Surgery	Surgery
39501	Repair, laceration of diaphragm, any approach	1,093.96	Active	Surgery	Surgery
39502	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	1,319.59	Active	Surgery	Surgery
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	7,106.78	Active	Surgery	Surgery
39520	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic	1,353.41	Active	Surgery	Surgery
39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	1,269.73	Active	Surgery	Surgery
39531	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)	1,340.55	Active	Surgery	Surgery
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	1,095.02	Active	Surgery	Surgery
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	1,176.57	Active	Surgery	Surgery
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	1,149.94	Active	Surgery	Surgery
39560	Resection, diaphragm; with simple repair (eg, primary suture)	1,005.93	Active	Surgery	Surgery
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	1,494.35	Active	Surgery	Surgery
39599	Unlisted procedure, diaphragm	0.00	Active	Surgery	Surgery
40490	Biopsy of lip	116.90	Active	Surgery	Surgery
40500	Vermilionectomy (lip shave), with mucosal advancement	487.14	Active	Surgery	Surgery
40510	Excision of lip; transverse wedge excision with primary closure	514.64	Active	Surgery	Surgery
40520	Excision of lip; V-excision with primary direct linear closure	550.89	Active	Surgery	Surgery
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	688.07	Active	Surgery	Surgery
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	812.48	Active	Surgery	Surgery
40530	Resection of lip, more than one-fourth, without reconstruction	596.43	Active	Surgery	Surgery
40650	Repair lip, full thickness; vermilion only	456.61	Active	Surgery	Surgery

40652	Repair lip, full thickness; up to half vertical height	540.48	Active	Surgery	Surgery
40654	Repair lip, full thickness; over one-half vertical height, or complex	628.82	Active	Surgery	Surgery
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	1,023.27	Active	Surgery	Surgery
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure	1,354.68	Active	Surgery	Surgery
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	1,054.56	Active	Surgery	Surgery
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	1,232.24	Active	Surgery	Surgery
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	1,319.63	Active	Surgery	Surgery
40799	Unlisted procedure, lips	0.00	Active	Surgery	Surgery
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	175.35	Active	Surgery	Surgery
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	301.40	Active	Surgery	Surgery
40804	Removal of embedded foreign body, vestibule of mouth; simple	189.67	Active	Surgery	Surgery
40805	Removal of embedded foreign body, vestibule of mouth; complicated	325.87	Active	Surgery	Surgery
40806	Incision of labial frenum (frenotomy)	83.92	Active	Surgery	Surgery
40808	Biopsy, vestibule of mouth	150.42	Active	Surgery	Surgery
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	178.50	Active	Surgery	Surgery
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	276.40	Active	Surgery	Surgery
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	388.16	Active	Surgery	Surgery
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	404.94	Active	Surgery	Surgery
40818	Excision of mucosa of vestibule of mouth as donor graft	318.50	Active	Surgery	Surgery
40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	294.87	Active	Surgery	Surgery
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	210.07	Active	Surgery	Surgery
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	237.23	Active	Surgery	Surgery
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	318.84	Active	Surgery	Surgery
40840	Vestibuloplasty; anterior	899.52	Active	Surgery	Surgery
40842	Vestibuloplasty; posterior, unilateral	909.22	Active	Surgery	Surgery
40843	Vestibuloplasty; posterior, bilateral	1,171.60	Active	Surgery	Surgery
40844	Vestibuloplasty; entire arch	1,575.69	Active	Surgery	Surgery
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	1,730.78	Active	Surgery	Surgery
40899	Unlisted procedure, vestibule of mouth	0.00	Active	Surgery	Surgery
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	156.56	Active	Surgery	Surgery
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	190.20	Active	Surgery	Surgery
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	365.18	Active	Surgery	Surgery
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	364.31	Active	Surgery	Surgery

41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	378.81	Active	Surgery	Surgery
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	407.00	Active	Surgery	Surgery
41010	Incision of lingual frenum (frenotomy)	176.03	Active	Surgery	Surgery
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	436.12	Active	Surgery	Surgery
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	460.42	Active	Surgery	Surgery
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	461.11	Active	Surgery	Surgery
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	548.51	Active	Surgery	Surgery
41100	Biopsy of tongue; anterior two-thirds	179.63	Active	Surgery	Surgery
41105	Biopsy of tongue; posterior one-third	163.06	Active	Surgery	Surgery
41108	Biopsy of floor of mouth	134.14	Active	Surgery	Surgery
41110	Excision of lesion of tongue without closure	190.42	Active	Surgery	Surgery
41112	Excision of lesion of tongue with closure; anterior two-thirds	320.15	Active	Surgery	Surgery
41113	Excision of lesion of tongue with closure; posterior one-third	359.56	Active	Surgery	Surgery
41114	Excision of lesion of tongue with closure; with local tongue flap	754.28	Active	Surgery	Surgery
41115	Excision of lingual frenum (frenectomy)	219.72	Active	Surgery	Surgery
41116	Excision, lesion of floor of mouth	294.89	Active	Surgery	Surgery
41120	Glossectomy; less than one-half tongue	1,084.20	Active	Surgery	Surgery
41130	Glossectomy; hemiglossectomy	1,197.72	Active	Surgery	Surgery
41135	Glossectomy; partial, with unilateral radical neck dissection	2,114.45	Active	Surgery	Surgery
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	2,402.98	Active	Surgery	Surgery
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	2,779.33	Active	Surgery	Surgery
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	2,174.55	Active	Surgery	Surgery
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	2,226.35	Active	Surgery	Surgery
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	2,513.75	Active	Surgery	Surgery
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	207.86	Active	Surgery	Surgery
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	248.52	Active	Surgery	Surgery
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	311.97	Active	Surgery	Surgery
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	468.30	Active	Surgery	Surgery
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	454.99	Active	Surgery	Surgery
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	323.58	Active	Surgery	Surgery
41599	Unlisted procedure, tongue, floor of mouth	0.00	Active	Surgery	Surgery
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	160.76	Active	Surgery	Surgery
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	168.26	Active	Surgery	Surgery

41806	Removal of embedded foreign body from dentoalveolar structures; bone	303.53	Active	Surgery	Surgery
41820	Gingivectomy, excision gingiva, each quadrant	0.00	Active	Surgery	Surgery
41821	Operculectomy, excision pericoronal tissues	0.00	Active	Surgery	Surgery
41822	Excision of fibrous tuberosities, dentoalveolar structures	287.59	Active	Surgery	Surgery
41823	Excision of osseous tuberosities, dentoalveolar structures	415.94	Active	Surgery	Surgery
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	188.27	Active	Surgery	Surgery
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	235.24	Active	Surgery	Surgery
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	397.66	Active	Surgery	Surgery
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	340.43	Active	Surgery	Surgery
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	391.20	Active	Surgery	Surgery
41850	Destruction of lesion (except excision), dentoalveolar structures	0.00	Active	Surgery	Surgery
41870	Periodontal mucosal grafting	0.00	Active	Surgery	Surgery
41872	Gingivoplasty, each quadrant (specify)	336.81	Active	Surgery	Surgery
41874	Alveoloplasty, each quadrant (specify)	378.23	Active	Surgery	Surgery
41899	Unlisted procedure, dentoalveolar structures	0.00	Active	Surgery	Surgery
42000	Drainage of abscess of palate, uvula	162.26	Active	Surgery	Surgery
42100	Biopsy of palate, uvula	150.78	Active	Surgery	Surgery
42104	Excision, lesion of palate, uvula; without closure	185.98	Active	Surgery	Surgery
42106	Excision, lesion of palate, uvula; with simple primary closure	244.89	Active	Surgery	Surgery
42107	Excision, lesion of palate, uvula; with local flap closure	463.63	Active	Surgery	Surgery
42120	Resection of palate or extensive resection of lesion	761.23	Active	Surgery	Surgery
42140	Uvulectomy, excision of uvula	220.71	Active	Surgery	Surgery
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	715.11	Active	Surgery	Surgery
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	253.75	Active	Surgery	Surgery
42180	Repair, laceration of palate; up to 2 cm	249.55	Active	Surgery	Surgery
42182	Repair, laceration of palate; over 2 cm or complex	366.67	Active	Surgery	Surgery
42200	Palatoplasty for cleft palate, soft and/or hard palate only	1,085.89	Active	Surgery	Surgery
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	1,190.38	Active	Surgery	Surgery
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	1,392.19	Active	Surgery	Surgery
42215	Palatoplasty for cleft palate; major revision	919.37	Active	Surgery	Surgery
42220	Palatoplasty for cleft palate; secondary lengthening procedure	661.07	Active	Surgery	Surgery
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	1,147.81	Active	Surgery	Surgery
42226	Lengthening of palate, and pharyngeal flap	1,111.67	Active	Surgery	Surgery
42227	Lengthening of palate, with island flap	1,115.51	Active	Surgery	Surgery
42235	Repair of anterior palate, including vomer flap	871.60	Active	Surgery	Surgery
42260	Repair of nasolabial fistula	990.79	Active	Surgery	Surgery
42280	Maxillary impression for palatal prosthesis	166.95	Active	Surgery	Surgery
42281	Insertion of pin-retained palatal prosthesis	203.13	Active	Surgery	Surgery
42299	Unlisted procedure, palate, uvula	0.00	Active	Surgery	Surgery
42300	Drainage of abscess; parotid, simple	207.94	Active	Surgery	Surgery
42305	Drainage of abscess; parotid, complicated	510.31	Active	Surgery	Surgery

42310	Drainage of abscess; submaxillary or sublingual, intraoral	167.59	Active	Surgery	Surgery
42320	Drainage of abscess; submaxillary, external	250.13	Active	Surgery	Surgery
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	236.18	Active	Surgery	Surgery
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	361.35	Active	Surgery	Surgery
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	478.30	Active	Surgery	Surgery
42400	Biopsy of salivary gland; needle	100.75	Active	Surgery	Surgery
42405	Biopsy of salivary gland; incisional	327.55	Active	Surgery	Surgery
42408	Excision of sublingual salivary cyst (ranula)	476.56	Active	Surgery	Surgery
42409	Marsupialization of sublingual salivary cyst (ranula)	323.50	Active	Surgery	Surgery
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	771.61	Active	Surgery	Surgery
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	1,343.10	Active	Surgery	Surgery
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	1,548.84	Active	Surgery	Surgery
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	1,034.39	Active	Surgery	Surgery
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	1,668.15	Active	Surgery	Surgery
42440	Excision of submandibular (submaxillary) gland	564.94	Active	Surgery	Surgery
42450	Excision of sublingual gland	474.30	Active	Surgery	Surgery
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	451.37	Active	Surgery	Surgery
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	605.52	Active	Surgery	Surgery
42507	Parotid duct diversion, bilateral (Wilke type procedure);	571.52	Active	Surgery	Surgery
42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland	857.87	Active	Surgery	Surgery
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	1,005.66	Active	Surgery	Surgery
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	731.49	Active	Surgery	Surgery
42550	Injection procedure for sialography	176.79	Active	Surgery	Surgery
42600	Closure salivary fistula	508.08	Active	Surgery	Surgery
42650	Dilation salivary duct	83.04	Active	Surgery	Surgery
42660	Dilation and catheterization of salivary duct, with or without injection	110.46	Active	Surgery	Surgery
42665	Ligation salivary duct, intraoral	292.46	Active	Surgery	Surgery
42699	Unlisted procedure, salivary glands or ducts	0.00	Active	Surgery	Surgery
42700	Incision and drainage abscess; peritonsillar	183.64	Active	Surgery	Surgery
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	474.25	Active	Surgery	Surgery
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	898.85	Active	Surgery	Surgery
42800	Biopsy; oropharynx	154.10	Active	Surgery	Surgery
42802	Biopsy; hypopharynx	251.59	Active	Surgery	Surgery
42804	Biopsy; nasopharynx, visible lesion, simple	200.03	Active	Surgery	Surgery
42806	Biopsy; nasopharynx, survey for unknown primary lesion	231.14	Active	Surgery	Surgery
42808	Excision or destruction of lesion of pharynx, any method	238.25	Active	Surgery	Surgery
42809	Removal of foreign body from pharynx	185.89	Active	Surgery	Surgery
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	387.22	Active	Surgery	Surgery
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	629.17	Active	Surgery	Surgery
42820	Tonsillectomy and adenoidectomy; under age 12	334.06	Active	Surgery	Surgery

42821	Tonsillectomy and adenoidectomy; age 12 or over	364.48	Active	Surgery	Surgery
42825	Tonsillectomy, primary or secondary; under age 12	298.58	Active	Surgery	Surgery
42826	Tonsillectomy, primary or secondary; age 12 or over	295.57	Active	Surgery	Surgery
42830	Adenoidectomy, primary; under age 12	233.08	Active	Surgery	Surgery
42831	Adenoidectomy, primary; age 12 or over	252.23	Active	Surgery	Surgery
42835	Adenoidectomy, secondary; under age 12	219.96	Active	Surgery	Surgery
42836	Adenoidectomy, secondary; age 12 or over	283.34	Active	Surgery	Surgery
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	877.34	Active	Surgery	Surgery
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	1,373.41	Active	Surgery	Surgery
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	2,181.07	Active	Surgery	Surgery
42860	Excision of tonsil tags	209.20	Active	Surgery	Surgery
42870	Excision or destruction lingual tonsil, any method (separate procedure)	603.32	Active	Surgery	Surgery
42890	Limited pharyngectomy	1,223.62	Active	Surgery	Surgery
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	1,491.48	Active	Surgery	Surgery
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap	2,060.11	Active	Surgery	Surgery
42900	Suture pharynx for wound or injury	437.13	Active	Surgery	Surgery
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	881.67	Active	Surgery	Surgery
42953	Pharyngoesophageal repair	1,136.17	Active	Surgery	Surgery
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	824.20	Active	Surgery	Surgery
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	200.37	Active	Surgery	Surgery
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	487.72	Active	Surgery	Surgery
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	609.51	Active	Surgery	Surgery
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	443.32	Active	Surgery	Surgery
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	530.09	Active	Surgery	Surgery
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	611.84	Active	Surgery	Surgery
42999	Unlisted procedure, pharynx, adenoids, or tonsils	0.00	Active	Surgery	Surgery
43020	Esophagotomy, cervical approach, with removal of foreign body	683.61	Active	Surgery	Surgery
43030	Cricopharyngeal myotomy	639.42	Active	Surgery	Surgery
43045	Esophagotomy, thoracic approach, with removal of foreign body	1,677.37	Active	Surgery	Surgery
43100	Excision of lesion, esophagus, with primary repair; cervical approach	768.80	Active	Surgery	Surgery
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	1,367.92	Active	Surgery	Surgery

43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)	3,246.07	Active	Surgery	Surgery
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	2,656.89	Active	Surgery	Surgery
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty	3,532.86	Active	Surgery	Surgery
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	2,795.59	Active	Surgery	Surgery
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	2,437.30	Active	Surgery	Surgery
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)	3,202.94	Active	Surgery	Surgery
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	2,605.42	Active	Surgery	Surgery
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty	2,397.07	Active	Surgery	Surgery
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty	3,247.73	Active	Surgery	Surgery
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	2,625.34	Active	Surgery	Surgery
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	2,267.49	Active	Surgery	Surgery
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	963.73	Active	Surgery	Surgery
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	1,372.81	Active	Surgery	Surgery
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	233.65	Active	Surgery	Surgery
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	275.65	Active	Surgery	Surgery
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	299.06	Active	Surgery	Surgery
43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices	264.71	Active	Surgery	Surgery
43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	262.02	Active	Surgery	Surgery
43215	Esophagoscopy, rigid or flexible; with removal of foreign body	190.42	Active	Surgery	Surgery
43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	173.57	Active	Surgery	Surgery

43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	410.07	Active	Surgery	Surgery
43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	207.61	Active	Surgery	Surgery
43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)	152.47	Active	Surgery	Surgery
43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	168.23	Active	Surgery	Surgery
43227	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	251.56	Active	Surgery	Surgery
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	272.81	Active	Surgery	Surgery
43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	220.95	Active	Surgery	Surgery
43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	312.20	Active	Surgery	Surgery
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	300.05	Active	Surgery	Surgery
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	314.12	Active	Surgery	Surgery
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	383.03	Active	Surgery	Surgery
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	299.41	Active	Surgery	Surgery
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	356.56	Active	Surgery	Surgery
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	358.77	Active	Surgery	Surgery
43240	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst	479.11	Active	Surgery	Surgery
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement	184.76	Active	Surgery	Surgery
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)	497.35	Active	Surgery	Surgery
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices	313.55	Active	Surgery	Surgery

43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices	346.81	Active	Surgery	Surgery
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)	225.48	Active	Surgery	Surgery
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	301.35	Active	Surgery	Surgery
43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body	238.14	Active	Surgery	Surgery
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	219.26	Active	Surgery	Surgery
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	203.45	Active	Surgery	Surgery
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	226.68	Active	Surgery	Surgery
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	258.59	Active	Surgery	Surgery
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method	330.77	Active	Surgery	Surgery
43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	299.36	Active	Surgery	Surgery
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	372.81	Active	Surgery	Surgery
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	312.35	Active	Surgery	Surgery
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	350.66	Active	Surgery	Surgery
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	406.99	Active	Surgery	Surgery
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	429.21	Active	Surgery	Surgery
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	504.23	Active	Surgery	Surgery

43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	499.31	Active	Surgery	Surgery
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	605.90	Active	Surgery	Surgery
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	680.16	Active	Surgery	Surgery
43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	504.23	Active	Surgery	Surgery
43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	507.70	Active	Surgery	Surgery
43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	559.57	Active	Surgery	Surgery
43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	504.23	Active	Surgery	Surgery
43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	504.23	Active	Surgery	Surgery
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	1,382.02	Active	Surgery	Surgery
43289	Unlisted laparoscopy procedure, esophagus	0.00	Active	Surgery	Surgery
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	805.45	Active	Surgery	Surgery
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	1,377.80	Active	Surgery	Surgery
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	2,092.56	Active	Surgery	Surgery
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	0.00	Active	Surgery	Surgery
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	3,528.68	Active	Surgery	Surgery
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	3,960.98	Active	Surgery	Surgery
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	1,643.87	Active	Surgery	Surgery
43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	1,659.23	Active	Surgery	Surgery
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	1,610.08	Active	Surgery	Surgery
43326	Esophagogastric fundoplasty; with gastroplasty (eg, Collis)	1,658.39	Active	Surgery	Surgery
43330	Esophagomyotomy (Heller type); abdominal approach	1,594.11	Active	Surgery	Surgery
43331	Esophagomyotomy (Heller type); thoracic approach	1,707.76	Active	Surgery	Surgery
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	1,572.55	Active	Surgery	Surgery
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	1,742.65	Active	Surgery	Surgery

43350	Esophagostomy, fistulization of esophagus, external; abdominal approach	1,210.62	Active	Surgery	Surgery
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	1,549.77	Active	Surgery	Surgery
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	1,297.85	Active	Surgery	Surgery
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	2,907.80	Active	Surgery	Surgery
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	3,090.43	Active	Surgery	Surgery
43400	Ligation, direct, esophageal varices	1,567.75	Active	Surgery	Surgery
43401	Transection of esophagus with repair, for esophageal varices	1,799.71	Active	Surgery	Surgery
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	1,678.09	Active	Surgery	Surgery
43410	Suture of esophageal wound or injury; cervical approach	1,136.08	Active	Surgery	Surgery
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	2,085.48	Active	Surgery	Surgery
43420	Closure of esophagostomy or fistula; cervical approach	1,115.87	Active	Surgery	Surgery
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	1,768.31	Active	Surgery	Surgery
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	169.26	Active	Surgery	Surgery
43453	Dilation of esophagus, over guide wire	293.94	Active	Surgery	Surgery
43456	Dilation of esophagus, by balloon or dilator, retrograde	621.43	Active	Surgery	Surgery
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	402.91	Active	Surgery	Surgery
43460	Esophagogastric tamponade, with balloon (Sengstaaken type)	266.70	Active	Surgery	Surgery
43496	Free jejunum transfer with microvascular anastomosis	0.00	Active	Surgery	Surgery
43499	Unlisted procedure, esophagus	0.00	Active	Surgery	Surgery
43500	Gastrotomy; with exploration or foreign body removal	895.28	Active	Surgery	Surgery
43501	Gastrotomy; with suture repair of bleeding ulcer	1,601.10	Active	Surgery	Surgery
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	1,851.50	Active	Surgery	Surgery
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	1,042.57	Active	Surgery	Surgery
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	845.01	Active	Surgery	Surgery
43600	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	128.39	Active	Surgery	Surgery
43605	Biopsy of stomach; by laparotomy	968.67	Active	Surgery	Surgery
43610	Excision, local; ulcer or benign tumor of stomach	1,171.13	Active	Surgery	Surgery
43611	Excision, local; malignant tumor of stomach	1,431.16	Active	Surgery	Surgery
43620	Gastrectomy, total; with esophagoenterostomy	2,375.96	Active	Surgery	Surgery
43621	Gastrectomy, total; with Roux-en-Y reconstruction	2,425.52	Active	Surgery	Surgery
43622	Gastrectomy, total; with formation of intestinal pouch, any type	2,569.07	Active	Surgery	Surgery
43631	Gastrectomy, partial, distal; with gastroduodenostomy	1,798.83	Active	Surgery	Surgery
43632	Gastrectomy, partial, distal; with gastrojejunostomy	1,798.83	Active	Surgery	Surgery
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	1,838.66	Active	Surgery	Surgery

43634	Gastrectomy, partial, distal; with formation of intestinal pouch	1,997.71	Active	Surgery	Surgery
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)	159.09	Active	Surgery	Surgery
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	1,368.07	Active	Surgery	Surgery
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	1,380.69	Active	Surgery	Surgery
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	2,123.15	Active	Surgery	Surgery
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	2,308.10	Active	Surgery	Surgery
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	828.73	Active	Surgery	Surgery
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	986.85	Active	Surgery	Surgery
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	650.16	Active	Surgery	Surgery
43659	Unlisted laparoscopy procedure, stomach	0.00	Active	Surgery	Surgery
43750	Percutaneous placement of gastrostomy tube	341.69	Active	Surgery	Surgery
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	47.49	Active	Surgery	Surgery
43760	Change of gastrostomy tube	134.83	Active	Surgery	Surgery
43761	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition	148.52	Active	Surgery	Surgery
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)	1,359.79	Active	Surgery	Surgery
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	1,571.90	Active	Surgery	Surgery
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	1,196.83	Active	Surgery	Surgery
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	1,573.67	Active	Surgery	Surgery
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	1,187.55	Active	Surgery	Surgery
43800	Pyloroplasty	1,102.78	Active	Surgery	Surgery
43810	Gastroduodenostomy	1,174.29	Active	Surgery	Surgery
43820	Gastrojejunostomy; without vagotomy	1,230.38	Active	Surgery	Surgery
43825	Gastrojejunostomy; with vagotomy, any type	1,536.93	Active	Surgery	Surgery
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	791.57	Active	Surgery	Surgery
43831	Gastrostomy, open; neonatal, for feeding	669.78	Active	Surgery	Surgery
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	1,244.75	Active	Surgery	Surgery
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	1,254.42	Active	Surgery	Surgery
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	1,481.68	Active	Surgery	Surgery
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	1,490.02	Active	Surgery	Surgery

43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	2,401.01	Active	Surgery	Surgery
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	1,925.64	Active	Surgery	Surgery
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	2,142.55	Active	Surgery	Surgery
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)	2,335.44	Active	Surgery	Surgery
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	1,962.61	Active	Surgery	Surgery
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	2,074.76	Active	Surgery	Surgery
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	1,984.95	Active	Surgery	Surgery
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	2,103.29	Active	Surgery	Surgery
43870	Closure of gastrostomy, surgical	790.44	Active	Surgery	Surgery
43880	Closure of gastrocolic fistula	1,960.65	Active	Surgery	Surgery
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	0.00	Active	Surgery	Surgery
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	353.50	Active	Surgery	Surgery
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	499.62	Active	Surgery	Surgery
43999	Unlisted procedure, stomach	0.00	Active	Surgery	Surgery
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	1,296.93	Active	Surgery	Surgery
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	1,007.66	Active	Surgery	Surgery
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	203.15	Active	Surgery	Surgery
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	1,123.92	Active	Surgery	Surgery
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	1,130.53	Active	Surgery	Surgery
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	1,146.37	Active	Surgery	Surgery
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	1,126.30	Active	Surgery	Surgery
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	1,744.84	Active	Surgery	Surgery
44100	Biopsy of intestine by capsule, tube, peroral (one or more specimens)	139.65	Active	Surgery	Surgery
44110	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	954.10	Active	Surgery	Surgery
44111	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	1,144.27	Active	Surgery	Surgery
44120	Enterectomy, resection of small intestine; single resection and anastomosis	1,359.22	Active	Surgery	Surgery

44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	342.94	Active	Surgery	Surgery
44125	Enterectomy, resection of small intestine; with enterostomy	1,391.83	Active	Surgery	Surgery
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	2,816.61	Active	Surgery	Surgery
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	3,293.67	Active	Surgery	Surgery
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	348.59	Active	Surgery	Surgery
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	1,158.30	Active	Surgery	Surgery
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	0.00	Active	Surgery	Surgery
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	0.00	Active	Surgery	Surgery
44135	Intestinal allotransplantation; from cadaver donor	0.00	Active	Surgery	Surgery
44136	Intestinal allotransplantation; from living donor	0.00	Active	Surgery	Surgery
44137	Removal of transplanted intestinal allograft, complete	0.00	Active	Surgery	Surgery
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	170.12	Active	Surgery	Surgery
44140	Colectomy, partial; with anastomosis	1,664.43	Active	Surgery	Surgery
44141	Colectomy, partial; with skin level cecostomy or colostomy	1,618.10	Active	Surgery	Surgery
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	1,879.35	Active	Surgery	Surgery
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	1,746.96	Active	Surgery	Surgery
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	2,070.58	Active	Surgery	Surgery
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	2,210.52	Active	Surgery	Surgery
44147	Colectomy, partial; abdominal and transanal approach	1,627.05	Active	Surgery	Surgery
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	1,964.19	Active	Surgery	Surgery
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	2,215.45	Active	Surgery	Surgery
44152	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy	2,198.23	Active	Surgery	Surgery
44153	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	2,416.51	Active	Surgery	Surgery
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	2,216.68	Active	Surgery	Surgery
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	2,518.51	Active	Surgery	Surgery
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	1,472.16	Active	Surgery	Surgery
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	1,153.35	Active	Surgery	Surgery
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	803.94	Active	Surgery	Surgery

44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	1,305.56	Active	Surgery	Surgery
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	1,446.19	Active	Surgery	Surgery
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	1,742.86	Active	Surgery	Surgery
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	340.48	Active	Surgery	Surgery
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	1,952.65	Active	Surgery	Surgery
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	1,730.46	Active	Surgery	Surgery
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	2,140.74	Active	Surgery	Surgery
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	2,312.71	Active	Surgery	Surgery
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	2,491.50	Active	Surgery	Surgery
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	2,197.45	Active	Surgery	Surgery
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy	2,722.99	Active	Surgery	Surgery
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	2,514.04	Active	Surgery	Surgery
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	268.05	Active	Surgery	Surgery
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	2,085.32	Active	Surgery	Surgery
44238	Unlisted laparoscopy procedure, intestine (except rectum)	0.00	Active	Surgery	Surgery
44300	Enterostomy or cecostomy, tube (eg, for decompression or feeding) (separate procedure)	984.63	Active	Surgery	Surgery
44310	Ileostomy or jejunostomy, non-tube	1,256.13	Active	Surgery	Surgery
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	0.00	Active	Surgery	Surgery
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	1,170.80	Active	Surgery	Surgery
44316	Continent ileostomy (Kock procedure) (separate procedure)	1,606.12	Active	Surgery	Surgery
44320	Colostomy or skin level cecostomy;	1,408.15	Active	Surgery	Surgery
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	1,075.58	Active	Surgery	Surgery
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	648.97	Active	Surgery	Surgery
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	1,237.18	Active	Surgery	Surgery
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	1,348.33	Active	Surgery	Surgery
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	181.23	Active	Surgery	Surgery

44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	200.07	Active	Surgery	Surgery
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body	243.13	Active	Surgery	Surgery
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	257.10	Active	Surgery	Surgery
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	229.53	Active	Surgery	Surgery
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	302.93	Active	Surgery	Surgery
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	309.35	Active	Surgery	Surgery
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	336.58	Active	Surgery	Surgery
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	308.23	Active	Surgery	Surgery
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	244.52	Active	Surgery	Surgery
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	366.60	Active	Surgery	Surgery
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	378.30	Active	Surgery	Surgery
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	486.58	Active	Surgery	Surgery
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	526.26	Active	Surgery	Surgery
44380	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	77.60	Active	Surgery	Surgery
44382	Ileoscopy, through stoma; with biopsy, single or multiple	96.74	Active	Surgery	Surgery
44383	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	205.46	Active	Surgery	Surgery
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	219.89	Active	Surgery	Surgery
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	355.73	Active	Surgery	Surgery
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	341.55	Active	Surgery	Surgery

44389	Colonoscopy through stoma; with biopsy, single or multiple	410.13	Active	Surgery	Surgery
44390	Colonoscopy through stoma; with removal of foreign body	465.13	Active	Surgery	Surgery
44391	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	545.51	Active	Surgery	Surgery
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	449.88	Active	Surgery	Surgery
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	518.25	Active	Surgery	Surgery
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	525.36	Active	Surgery	Surgery
44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	330.07	Active	Surgery	Surgery
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	31.57	Active	Surgery	Surgery
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	1,272.08	Active	Surgery	Surgery
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	1,466.40	Active	Surgery	Surgery
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	1,274.16	Active	Surgery	Surgery
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	1,559.67	Active	Surgery	Surgery
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	1,268.72	Active	Surgery	Surgery
44620	Closure of enterostomy, large or small intestine;	967.00	Active	Surgery	Surgery
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	1,181.58	Active	Surgery	Surgery
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	1,987.91	Active	Surgery	Surgery
44640	Closure of intestinal cutaneous fistula	1,701.52	Active	Surgery	Surgery
44650	Closure of enteroenteric or enterocolic fistula	1,778.03	Active	Surgery	Surgery
44660	Closure of enterovesical fistula; without intestinal or bladder resection	1,568.21	Active	Surgery	Surgery
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	1,874.36	Active	Surgery	Surgery
44680	Intestinal plication (separate procedure)	1,225.97	Active	Surgery	Surgery
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	1,235.35	Active	Surgery	Surgery
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	233.22	Active	Surgery	Surgery
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	0.00	Active	Surgery	Surgery
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	336.11	Active	Surgery	Surgery
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	550.62	Active	Surgery	Surgery
44799	Unlisted procedure, intestine	0.00	Active	Surgery	Surgery

44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	920.98	Active	Surgery	Surgery
44820	Excision of lesion of mesentery (separate procedure)	982.02	Active	Surgery	Surgery
44850	Suture of mesentery (separate procedure)	872.61	Active	Surgery	Surgery
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	0.00	Active	Surgery	Surgery
44900	Incision and drainage of appendiceal abscess; open	825.88	Active	Surgery	Surgery
44901	Incision and drainage of appendiceal abscess; percutaneous	1,150.40	Active	Surgery	Surgery
44950	Appendectomy;	803.69	Active	Surgery	Surgery
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	118.76	Active	Surgery	Surgery
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	994.47	Active	Surgery	Surgery
44970	Laparoscopy, surgical, appendectomy	710.69	Active	Surgery	Surgery
44979	Unlisted laparoscopy procedure, appendix	0.00	Active	Surgery	Surgery
45000	Transrectal drainage of pelvic abscess	385.53	Active	Surgery	Surgery
45005	Incision and drainage of submucosal abscess, rectum	269.00	Active	Surgery	Surgery
45020	Incision and drainage of deep supralelevator, pelvic, or retrorectal abscess	410.03	Active	Surgery	Surgery
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	315.08	Active	Surgery	Surgery
45108	Anorectal myomectomy	401.47	Active	Surgery	Surgery
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	2,205.21	Active	Surgery	Surgery
45111	Proctectomy; partial resection of rectum, transabdominal approach	1,308.96	Active	Surgery	Surgery
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	2,302.43	Active	Surgery	Surgery
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	2,343.82	Active	Surgery	Surgery
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	2,123.44	Active	Surgery	Surgery
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	1,893.29	Active	Surgery	Surgery
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	2,327.00	Active	Surgery	Surgery
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	1,901.13	Active	Surgery	Surgery
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	2,100.13	Active	Surgery	Surgery
45123	Proctectomy, partial, without anastomosis, perineal approach	1,270.42	Active	Surgery	Surgery
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	3,337.81	Active	Surgery	Surgery
45130	Excision of rectal procidentia, with anastomosis; perineal approach	1,245.71	Active	Surgery	Surgery
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	1,521.52	Active	Surgery	Surgery

45136	Excision of ileoanal reservoir with ileostomy	2,084.35	Active	Surgery	Surgery
45150	Division of stricture of rectum	450.08	Active	Surgery	Surgery
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	1,172.97	Active	Surgery	Surgery
45170	Excision of rectal tumor, transanal approach	905.58	Active	Surgery	Surgery
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	771.63	Active	Surgery	Surgery
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	76.14	Active	Surgery	Surgery
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	676.32	Active	Surgery	Surgery
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	153.61	Active	Surgery	Surgery
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	164.51	Active	Surgery	Surgery
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	120.29	Active	Surgery	Surgery
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	221.58	Active	Surgery	Surgery
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	185.14	Active	Surgery	Surgery
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	174.48	Active	Surgery	Surgery
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	196.26	Active	Surgery	Surgery
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	91.86	Active	Surgery	Surgery
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	121.96	Active	Surgery	Surgery
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	133.73	Active	Surgery	Surgery
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	171.24	Active	Surgery	Surgery
45332	Sigmoidoscopy, flexible; with removal of foreign body	277.55	Active	Surgery	Surgery
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	271.28	Active	Surgery	Surgery
45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	190.30	Active	Surgery	Surgery
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	192.74	Active	Surgery	Surgery
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	171.57	Active	Surgery	Surgery
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	313.73	Active	Surgery	Surgery
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	298.97	Active	Surgery	Surgery
45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	320.89	Active	Surgery	Surgery
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	180.61	Active	Surgery	Surgery

45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	277.67	Active	Surgery	Surgery
45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	204.33	Active	Surgery	Surgery
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	259.88	Active	Surgery	Surgery
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	422.49	Active	Surgery	Surgery
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	133.73	Active	Surgery	Surgery
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	532.93	Active	Surgery	Surgery
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	499.00	Active	Surgery	Surgery
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	477.25	Active	Surgery	Surgery
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	658.10	Active	Surgery	Surgery
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	607.75	Active	Surgery	Surgery
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	501.79	Active	Surgery	Surgery
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	569.31	Active	Surgery	Surgery
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	693.18	Active	Surgery	Surgery
45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	415.44	Active	Surgery	Surgery
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	358.10	Active	Surgery	Surgery
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	437.11	Active	Surgery	Surgery
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	2,404.70	Active	Surgery	Surgery
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	2,580.26	Active	Surgery	Surgery
45400	Laparoscopy, surgical; proctopexy (for prolapse)	1,392.79	Active	Surgery	Surgery
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	1,902.45	Active	Surgery	Surgery
45499	Unlisted laparoscopy procedure, rectum	0.00	Active	Surgery	Surgery
45500	Proctoplasty; for stenosis	563.09	Active	Surgery	Surgery
45505	Proctoplasty; for prolapse of mucous membrane	605.88	Active	Surgery	Surgery
45520	Perirectal injection of sclerosing solution for prolapse	88.91	Active	Surgery	Surgery
45540	Proctopexy (eg, for prolapse); abdominal approach	1,248.39	Active	Surgery	Surgery
45541	Proctopexy (eg, for prolapse); perineal approach	1,046.30	Active	Surgery	Surgery
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	1,752.88	Active	Surgery	Surgery
45560	Repair of rectocele (separate procedure)	821.63	Active	Surgery	Surgery

45562	Exploration, repair, and presacral drainage for rectal injury;	1,215.56	Active	Surgery	Surgery
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	1,903.95	Active	Surgery	Surgery
45800	Closure of rectovesical fistula;	1,335.01	Active	Surgery	Surgery
45805	Closure of rectovesical fistula; with colostomy	1,564.77	Active	Surgery	Surgery
45820	Closure of rectourethral fistula;	1,324.27	Active	Surgery	Surgery
45825	Closure of rectourethral fistula; with colostomy	1,646.63	Active	Surgery	Surgery
45900	Reduction of procidentia (separate procedure) under anesthesia	215.37	Active	Surgery	Surgery
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	194.53	Active	Surgery	Surgery
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	228.95	Active	Surgery	Surgery
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	335.83	Active	Surgery	Surgery
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	133.54	Active	Surgery	Surgery
45999	Unlisted procedure, rectum	0.00	Active	Surgery	Surgery
46020	Placement of seton	258.50	Active	Surgery	Surgery
46030	Removal of anal seton, other marker	123.53	Active	Surgery	Surgery
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	509.81	Active	Surgery	Surgery
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	378.18	Active	Surgery	Surgery
46050	Incision and drainage, perianal abscess, superficial	163.41	Active	Surgery	Surgery
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	471.23	Active	Surgery	Surgery
46070	Incision, anal septum (infant)	241.98	Active	Surgery	Surgery
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	240.43	Active	Surgery	Surgery
46083	Incision of thrombosed hemorrhoid, external	173.37	Active	Surgery	Surgery
46200	Fissurectomy, with or without sphincterotomy	346.87	Active	Surgery	Surgery
46210	Cryptectomy; single	345.08	Active	Surgery	Surgery
46211	Cryptectomy; multiple (separate procedure)	451.92	Active	Surgery	Surgery
46220	Papillectomy or excision of single tag, anus (separate procedure)	175.70	Active	Surgery	Surgery
46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)	218.73	Active	Surgery	Surgery
46230	Excision of external hemorrhoid tags and/or multiple papillae	268.41	Active	Surgery	Surgery
46250	Hemorrhoidectomy, external, complete	433.23	Active	Surgery	Surgery
46255	Hemorrhoidectomy, internal and external, simple;	499.29	Active	Surgery	Surgery
46257	Hemorrhoidectomy, internal and external, simple; with fissurectomy	440.84	Active	Surgery	Surgery
46258	Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy	475.73	Active	Surgery	Surgery
46260	Hemorrhoidectomy, internal and external, complex or extensive;	513.82	Active	Surgery	Surgery
46261	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy	563.70	Active	Surgery	Surgery
46262	Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy	593.04	Active	Surgery	Surgery
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	411.42	Active	Surgery	Surgery
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular	445.08	Active	Surgery	Surgery

46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton	482.08	Active	Surgery	Surgery
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	380.93	Active	Surgery	Surgery
46288	Closure of anal fistula with rectal advancement flap	568.24	Active	Surgery	Surgery
46320	Enucleation or excision of external thrombotic hemorrhoid	173.69	Active	Surgery	Surgery
46500	Injection of sclerosing solution, hemorrhoids	169.81	Active	Surgery	Surgery
46505	Chemodenervation of internal anal sphincter	251.37	Active	Surgery	Surgery
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	84.02	Active	Surgery	Surgery
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	393.60	Active	Surgery	Surgery
46606	Anoscopy; with biopsy, single or multiple	181.46	Active	Surgery	Surgery
46608	Anoscopy; with removal of foreign body	244.92	Active	Surgery	Surgery
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	222.29	Active	Surgery	Surgery
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	225.84	Active	Surgery	Surgery
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	328.60	Active	Surgery	Surgery
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	201.07	Active	Surgery	Surgery
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	257.93	Active	Surgery	Surgery
46700	Anoplasty, plastic operation for stricture; adult	697.70	Active	Surgery	Surgery
46705	Anoplasty, plastic operation for stricture; infant	580.06	Active	Surgery	Surgery
46706	Repair of anal fistula with fibrin glue	193.87	Active	Surgery	Surgery
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	1,189.80	Active	Surgery	Surgery
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	2,607.28	Active	Surgery	Surgery
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	590.70	Active	Surgery	Surgery
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	1,192.57	Active	Surgery	Surgery
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	1,981.92	Active	Surgery	Surgery
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	2,394.52	Active	Surgery	Surgery
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	2,152.48	Active	Surgery	Surgery
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	2,679.68	Active	Surgery	Surgery
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	4,083.50	Active	Surgery	Surgery
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	4,689.19	Active	Surgery	Surgery
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	4,126.56	Active	Surgery	Surgery
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	802.37	Active	Surgery	Surgery

46751	Sphincteroplasty, anal, for incontinence or prolapse; child	724.74	Active	Surgery	Surgery
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	649.70	Active	Surgery	Surgery
46754	Removal of Thiersch wire or suture, anal canal	251.34	Active	Surgery	Surgery
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	1,136.43	Active	Surgery	Surgery
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	1,045.79	Active	Surgery	Surgery
46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	947.45	Active	Surgery	Surgery
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	200.55	Active	Surgery	Surgery
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	213.06	Active	Surgery	Surgery
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	207.58	Active	Surgery	Surgery
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	432.77	Active	Surgery	Surgery
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	231.17	Active	Surgery	Surgery
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	464.43	Active	Surgery	Surgery
46934	Destruction of hemorrhoids, any method; internal	380.57	Active	Surgery	Surgery
46935	Destruction of hemorrhoids, any method; external	263.63	Active	Surgery	Surgery
46936	Destruction of hemorrhoids, any method; internal and external	384.79	Active	Surgery	Surgery
46937	Cryosurgery of rectal tumor; benign	234.83	Active	Surgery	Surgery
46938	Cryosurgery of rectal tumor; malignant	0.00	Active	Surgery	Surgery
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	208.06	Active	Surgery	Surgery
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	183.60	Active	Surgery	Surgery
46945	Ligation of internal hemorrhoids; single procedure	224.68	Active	Surgery	Surgery
46946	Ligation of internal hemorrhoids; multiple procedures	286.05	Active	Surgery	Surgery
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	446.70	Active	Surgery	Surgery
46999	Unlisted procedure, anus	0.00	Active	Surgery	Surgery
47000	Biopsy of liver, needle; percutaneous	208.27	Active	Surgery	Surgery
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	147.05	Active	Surgery	Surgery
47010	Hepatotomy; for open drainage of abscess or cyst, one or two stages	1,285.75	Active	Surgery	Surgery
47011	Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages	236.87	Active	Surgery	Surgery
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	1,221.46	Active	Surgery	Surgery
47100	Biopsy of liver, wedge	972.71	Active	Surgery	Surgery
47120	Hepatectomy, resection of liver; partial lobectomy	2,847.00	Active	Surgery	Surgery
47122	Hepatectomy, resection of liver; trisegmentectomy	4,343.80	Active	Surgery	Surgery
47125	Hepatectomy, resection of liver; total left lobectomy	3,895.01	Active	Surgery	Surgery

47130	Hepatectomy, resection of liver; total right lobectomy	4,207.71	Active	Surgery	Surgery
47133	Donor hepatectomy (including cold preservation), from cadaver donor	0.00	Active	Surgery	Surgery
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	6,292.07	Active	Surgery	Surgery
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	5,321.95	Active	Surgery	Surgery
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	4,010.16	Active	Surgery	Surgery
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	4,699.15	Active	Surgery	Surgery
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	5,105.01	Active	Surgery	Surgery
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	0.00	Active	Surgery	Surgery
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))	0.00	Active	Surgery	Surgery
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))	0.00	Active	Surgery	Surgery
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	471.81	Active	Surgery	Surgery
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	550.62	Active	Surgery	Surgery
47300	Marsupialization of cyst or abscess of liver	1,237.69	Active	Surgery	Surgery
47350	Management of liver hemorrhage; simple suture of liver wound or injury	1,589.94	Active	Surgery	Surgery
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	2,134.31	Active	Surgery	Surgery
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	3,666.79	Active	Surgery	Surgery
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	1,526.19	Active	Surgery	Surgery
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	1,564.50	Active	Surgery	Surgery
47371	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	1,573.68	Active	Surgery	Surgery
47379	Unlisted laparoscopic procedure, liver	0.00	Active	Surgery	Surgery
47380	Ablation, open, of one or more liver tumor(s); radiofrequency	1,801.90	Active	Surgery	Surgery

47381	Ablation, open, of one or more liver tumor(s); cryosurgical	1,817.75	Active	Surgery	Surgery
47382	Ablation, one or more liver tumor(s), percutaneous, radiofrequency	1,022.28	Active	Surgery	Surgery
47399	Unlisted procedure, liver	0.00	Active	Surgery	Surgery
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	2,381.27	Active	Surgery	Surgery
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	1,606.73	Active	Surgery	Surgery
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	1,604.58	Active	Surgery	Surgery
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	1,440.83	Active	Surgery	Surgery
47480	Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)	912.82	Active	Surgery	Surgery
47490	Percutaneous cholecystostomy	574.69	Active	Surgery	Surgery
47500	Injection procedure for percutaneous transhepatic cholangiography	126.28	Active	Surgery	Surgery
47505	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	47.87	Active	Surgery	Surgery
47510	Introduction of percutaneous transhepatic catheter for biliary drainage	585.97	Active	Surgery	Surgery
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	729.18	Active	Surgery	Surgery
47525	Change of percutaneous biliary drainage catheter	816.80	Active	Surgery	Surgery
47530	Revision and/or reinsertion of transhepatic tube	1,486.13	Active	Surgery	Surgery
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	233.75	Active	Surgery	Surgery
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)	411.72	Active	Surgery	Surgery
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	405.26	Active	Surgery	Surgery
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	668.83	Active	Surgery	Surgery
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	484.44	Active	Surgery	Surgery
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	546.66	Active	Surgery	Surgery
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	379.12	Active	Surgery	Surgery
47561	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	401.81	Active	Surgery	Surgery
47562	Laparoscopy, surgical; cholecystectomy	899.09	Active	Surgery	Surgery
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	967.33	Active	Surgery	Surgery
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	1,139.72	Active	Surgery	Surgery
47570	Laparoscopy, surgical; cholecystoenterostomy	1,009.19	Active	Surgery	Surgery
47579	Unlisted laparoscopy procedure, biliary tract	0.00	Active	Surgery	Surgery
47600	Cholecystectomy;	1,102.56	Active	Surgery	Surgery
47605	Cholecystectomy; with cholangiography	1,188.83	Active	Surgery	Surgery
47610	Cholecystectomy with exploration of common duct;	1,508.06	Active	Surgery	Surgery

47612	Cholecystectomy with exploration of common duct; with choledochenterostomy	1,502.87	Active	Surgery	Surgery
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	1,649.65	Active	Surgery	Surgery
47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)	669.18	Active	Surgery	Surgery
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	1,280.90	Active	Surgery	Surgery
47701	Portoenterostomy (eg, Kasai procedure)	2,221.49	Active	Surgery	Surgery
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	1,854.37	Active	Surgery	Surgery
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	2,400.60	Active	Surgery	Surgery
47715	Excision of choledochal cyst	1,524.53	Active	Surgery	Surgery
47716	Anastomosis, choledochal cyst, without excision	1,343.92	Active	Surgery	Surgery
47720	Cholecystoenterostomy; direct	1,302.31	Active	Surgery	Surgery
47721	Cholecystoenterostomy; with gastroenterostomy	1,549.64	Active	Surgery	Surgery
47740	Cholecystoenterostomy; Roux-en-Y	1,496.55	Active	Surgery	Surgery
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	1,721.84	Active	Surgery	Surgery
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	2,070.48	Active	Surgery	Surgery
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	2,006.51	Active	Surgery	Surgery
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	2,124.58	Active	Surgery	Surgery
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	2,487.37	Active	Surgery	Surgery
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	1,875.59	Active	Surgery	Surgery
47801	Placement of choledochal stent	1,128.48	Active	Surgery	Surgery
47802	U-tube hepaticoenterostomy	1,749.19	Active	Surgery	Surgery
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	1,614.57	Active	Surgery	Surgery
47999	Unlisted procedure, biliary tract	0.00	Active	Surgery	Surgery
48000	Placement of drains, peripancreatic, for acute pancreatitis;	2,197.85	Active	Surgery	Surgery
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	2,805.84	Active	Surgery	Surgery
48005	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	3,334.81	Active	Surgery	Surgery
48020	Removal of pancreatic calculus	1,291.07	Active	Surgery	Surgery
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	996.71	Active	Surgery	Surgery
48102	Biopsy of pancreas, percutaneous needle	523.12	Active	Surgery	Surgery
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	1,276.53	Active	Surgery	Surgery
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	1,833.52	Active	Surgery	Surgery
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	1,915.33	Active	Surgery	Surgery
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	2,147.37	Active	Surgery	Surgery
48148	Excision of ampulla of Vater	1,400.45	Active	Surgery	Surgery
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	3,817.47	Active	Surgery	Surgery

48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	3,500.44	Active	Surgery	Surgery
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	3,812.44	Active	Surgery	Surgery
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	3,523.35	Active	Surgery	Surgery
48155	Pancreatectomy, total	2,021.20	Active	Surgery	Surgery
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	0.00	Active	Surgery	Surgery
48180	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	1,974.04	Active	Surgery	Surgery
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	131.15	Active	Surgery	Surgery
48500	Marsupialization of pancreatic cyst	1,256.68	Active	Surgery	Surgery
48510	External drainage, pseudocyst of pancreas; open	1,184.12	Active	Surgery	Surgery
48511	External drainage, pseudocyst of pancreas; percutaneous	936.96	Active	Surgery	Surgery
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	1,253.27	Active	Surgery	Surgery
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	1,573.56	Active	Surgery	Surgery
48545	Pancreatorrhaphy for injury	1,463.28	Active	Surgery	Surgery
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	2,057.16	Active	Surgery	Surgery
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	0.00	Active	Surgery	Surgery
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	0.00	Active	Surgery	Surgery
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	287.24	Active	Surgery	Surgery
48554	Transplantation of pancreatic allograft	2,815.79	Active	Surgery	Surgery
48556	Removal of transplanted pancreatic allograft	1,309.34	Active	Surgery	Surgery
48999	Unlisted procedure, pancreas	0.00	Active	Surgery	Surgery
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	948.50	Active	Surgery	Surgery
49002	Reopening of recent laparotomy	858.84	Active	Surgery	Surgery
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	990.13	Active	Surgery	Surgery
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	1,820.35	Active	Surgery	Surgery
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	909.21	Active	Surgery	Surgery
49040	Drainage of subdiaphragmatic or subphrenic abscess; open	1,092.40	Active	Surgery	Surgery
49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	889.15	Active	Surgery	Surgery
49060	Drainage of retroperitoneal abscess; open	1,235.20	Active	Surgery	Surgery
49061	Drainage of retroperitoneal abscess; percutaneous	876.74	Active	Surgery	Surgery

49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	913.73	Active	Surgery	Surgery
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial	209.46	Active	Surgery	Surgery
49081	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent	158.92	Active	Surgery	Surgery
49085	Removal of peritoneal foreign body from peritoneal cavity	989.78	Active	Surgery	Surgery
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	198.58	Active	Surgery	Surgery
49200	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;	826.07	Active	Surgery	Surgery
49201	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive	1,201.17	Active	Surgery	Surgery
49215	Excision of presacral or sacrococcygeal tumor	2,674.82	Active	Surgery	Surgery
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	1,190.77	Active	Surgery	Surgery
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	691.52	Active	Surgery	Surgery
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	917.73	Active	Surgery	Surgery
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	421.61	Active	Surgery	Surgery
49321	Laparoscopy, surgical; with biopsy (single or multiple)	443.48	Active	Surgery	Surgery
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	470.06	Active	Surgery	Surgery
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	768.49	Active	Surgery	Surgery
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	0.00	Active	Surgery	Surgery
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	212.72	Active	Surgery	Surgery
49419	Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)	547.66	Active	Surgery	Surgery
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary	168.77	Active	Surgery	Surgery
49421	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent	474.13	Active	Surgery	Surgery
49422	Removal of permanent intraperitoneal cannula or catheter	511.06	Active	Surgery	Surgery
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	566.48	Active	Surgery	Surgery
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	168.08	Active	Surgery	Surgery
49425	Insertion of peritoneal-venous shunt	946.54	Active	Surgery	Surgery
49426	Revision of peritoneal-venous shunt	798.33	Active	Surgery	Surgery
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	60.40	Active	Surgery	Surgery
49428	Ligation of peritoneal-venous shunt	533.41	Active	Surgery	Surgery
49429	Removal of peritoneal-venous shunt	611.64	Active	Surgery	Surgery
49491	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	892.60	Active	Surgery	Surgery

49492	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	1,122.67	Active	Surgery	Surgery
49495	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; reducible	482.01	Active	Surgery	Surgery
49496	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	708.71	Active	Surgery	Surgery
49500	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible	464.91	Active	Surgery	Surgery
49501	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; incarcerated or strangulated	718.93	Active	Surgery	Surgery
49505	Repair initial inguinal hernia, age 5 years or over; reducible	632.95	Active	Surgery	Surgery
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated	783.28	Active	Surgery	Surgery
49520	Repair recurrent inguinal hernia, any age; reducible	786.89	Active	Surgery	Surgery
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	968.29	Active	Surgery	Surgery
49525	Repair inguinal hernia, sliding, any age	703.08	Active	Surgery	Surgery
49540	Repair lumbar hernia	845.26	Active	Surgery	Surgery
49550	Repair initial femoral hernia, any age; reducible	709.12	Active	Surgery	Surgery
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	771.10	Active	Surgery	Surgery
49555	Repair recurrent femoral hernia; reducible	741.49	Active	Surgery	Surgery
49557	Repair recurrent femoral hernia; incarcerated or strangulated	903.39	Active	Surgery	Surgery
49560	Repair initial incisional or ventral hernia; reducible	935.53	Active	Surgery	Surgery
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	1,144.38	Active	Surgery	Surgery
49565	Repair recurrent incisional or ventral hernia; reducible	938.30	Active	Surgery	Surgery
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	1,156.68	Active	Surgery	Surgery
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)	377.35	Active	Surgery	Surgery
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	482.59	Active	Surgery	Surgery
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	559.95	Active	Surgery	Surgery
49580	Repair umbilical hernia, under age 5 years; reducible	358.91	Active	Surgery	Surgery
49582	Repair umbilical hernia, under age 5 years; incarcerated or strangulated	556.56	Active	Surgery	Surgery
49585	Repair umbilical hernia, age 5 years or over; reducible	522.31	Active	Surgery	Surgery
49587	Repair umbilical hernia, age 5 years or over; incarcerated or strangulated	623.84	Active	Surgery	Surgery
49590	Repair spigelian hernia	702.16	Active	Surgery	Surgery
49600	Repair of small omphalocele, with primary closure	880.98	Active	Surgery	Surgery
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	5,854.01	Active	Surgery	Surgery
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	1,485.14	Active	Surgery	Surgery
49610	Repair of omphalocele (Gross type operation); first stage	812.84	Active	Surgery	Surgery

49611	Repair of omphalocele (Gross type operation); second stage	756.86	Active	Surgery	Surgery
49650	Laparoscopy, surgical; repair initial inguinal hernia	539.97	Active	Surgery	Surgery
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	689.85	Active	Surgery	Surgery
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	0.00	Active	Surgery	Surgery
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	1,021.00	Active	Surgery	Surgery
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	1,848.32	Active	Surgery	Surgery
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	488.83	Active	Surgery	Surgery
49906	Free omental flap with microvascular anastomosis	0.00	Active	Surgery	Surgery
49999	Unlisted procedure, abdomen, peritoneum and omentum	0.00	Active	Surgery	Surgery
50010	Renal exploration, not necessitating other specific procedures	809.10	Active	Surgery	Surgery
50020	Drainage of perirenal or renal abscess; open	1,124.86	Active	Surgery	Surgery
50021	Drainage of perirenal or renal abscess; percutaneous	930.00	Active	Surgery	Surgery
50040	Nephrostomy, nephrotomy with drainage	1,049.36	Active	Surgery	Surgery
50045	Nephrotomy, with exploration	1,101.19	Active	Surgery	Surgery
50060	Nephrolithotomy; removal of calculus	1,327.01	Active	Surgery	Surgery
50065	Nephrolithotomy; secondary surgical operation for calculus	1,370.05	Active	Surgery	Surgery
50070	Nephrolithotomy; complicated by congenital kidney abnormality	1,397.80	Active	Surgery	Surgery
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)	1,731.88	Active	Surgery	Surgery
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	1,023.04	Active	Surgery	Surgery
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	1,497.13	Active	Surgery	Surgery
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	1,313.94	Active	Surgery	Surgery
50120	Pyelotomy; with exploration	1,120.81	Active	Surgery	Surgery
50125	Pyelotomy; with drainage, pyelostomy	1,192.41	Active	Surgery	Surgery
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelvicolithotomy, including coagulum pyelolithotomy)	1,194.39	Active	Surgery	Surgery
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	1,314.90	Active	Surgery	Surgery
50200	Renal biopsy; percutaneous, by trocar or needle	184.20	Active	Surgery	Surgery
50205	Renal biopsy; by surgical exposure of kidney	881.16	Active	Surgery	Surgery
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	1,213.86	Active	Surgery	Surgery
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	1,402.17	Active	Surgery	Surgery
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	1,503.73	Active	Surgery	Surgery
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	1,533.77	Active	Surgery	Surgery
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	1,716.63	Active	Surgery	Surgery
50240	Nephrectomy, partial	1,516.02	Active	Surgery	Surgery

50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	1,408.34	Active	Surgery	Surgery
50280	Excision or unroofing of cyst(s) of kidney	1,104.36	Active	Surgery	Surgery
50290	Excision of perinephric cyst	1,095.50	Active	Surgery	Surgery
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	0.00	Active	Surgery	Surgery
50320	Donor nephrectomy (including cold preservation); open, from living donor	1,723.41	Active	Surgery	Surgery
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	0.00	Active	Surgery	Surgery
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	0.00	Active	Surgery	Surgery
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	0.00	Active	Surgery	Surgery
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	234.86	Active	Surgery	Surgery
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	224.60	Active	Surgery	Surgery
50340	Recipient nephrectomy (separate procedure)	1,030.15	Active	Surgery	Surgery
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	2,542.08	Active	Surgery	Surgery
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	2,967.36	Active	Surgery	Surgery
50370	Removal of transplanted renal allograft	1,122.61	Active	Surgery	Surgery
50380	Renal autotransplantation, reimplantation of kidney	1,736.04	Active	Surgery	Surgery
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1,547.51	Active	Surgery	Surgery
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1,489.88	Active	Surgery	Surgery
50387	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	738.39	Active	Surgery	Surgery
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	501.64	Active	Surgery	Surgery
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	126.28	Active	Surgery	Surgery
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	162.38	Active	Surgery	Surgery
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	230.54	Active	Surgery	Surgery
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	281.72	Active	Surgery	Surgery

50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	134.17	Active	Surgery	Surgery
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	231.61	Active	Surgery	Surgery
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	148.79	Active	Surgery	Surgery
50398	Change of nephrostomy or pyelostomy tube	644.43	Active	Surgery	Surgery
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	1,340.74	Active	Surgery	Surgery
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyccoplasty)	1,638.56	Active	Surgery	Surgery
50500	Nephrorrhaphy, suture of kidney wound or injury	1,472.68	Active	Surgery	Surgery
50520	Closure of nephrocutaneous or pyelocutaneous fistula	1,248.56	Active	Surgery	Surgery
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	1,576.56	Active	Surgery	Surgery
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	1,702.93	Active	Surgery	Surgery
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)	1,370.98	Active	Surgery	Surgery
50541	Laparoscopy, surgical; ablation of renal cysts	1,100.78	Active	Surgery	Surgery
50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	1,372.66	Active	Surgery	Surgery
50543	Laparoscopy, surgical; partial nephrectomy	1,749.04	Active	Surgery	Surgery
50544	Laparoscopy, surgical; pyeloplasty	1,521.26	Active	Surgery	Surgery
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	1,632.93	Active	Surgery	Surgery
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	1,432.74	Active	Surgery	Surgery
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	1,950.18	Active	Surgery	Surgery
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	1,653.04	Active	Surgery	Surgery
50549	Unlisted laparoscopy procedure, renal	0.00	Active	Surgery	Surgery
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	450.90	Active	Surgery	Surgery
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	473.25	Active	Surgery	Surgery
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	522.28	Active	Surgery	Surgery
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	521.65	Active	Surgery	Surgery
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	592.37	Active	Surgery	Surgery

50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	739.70	Active	Surgery	Surgery
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	634.81	Active	Surgery	Surgery
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	708.73	Active	Surgery	Surgery
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	731.25	Active	Surgery	Surgery
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	926.17	Active	Surgery	Surgery
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	728.98	Active	Surgery	Surgery
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	785.01	Active	Surgery	Surgery
50590	Lithotripsy, extracorporeal shock wave	929.54	Active	Surgery	Surgery
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	5,538.99	Active	Surgery	Surgery
50600	Ureterotomy with exploration or drainage (separate procedure)	1,100.25	Active	Surgery	Surgery
50605	Ureterotomy for insertion of indwelling stent, all types	1,143.14	Active	Surgery	Surgery
50610	Ureterolithotomy; upper one-third of ureter	1,167.03	Active	Surgery	Surgery
50620	Ureterolithotomy; middle one-third of ureter	1,049.46	Active	Surgery	Surgery
50630	Ureterolithotomy; lower one-third of ureter	1,041.60	Active	Surgery	Surgery
50650	Ureterectomy, with bladder cuff (separate procedure)	1,203.31	Active	Surgery	Surgery
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	1,345.62	Active	Surgery	Surgery
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	213.50	Active	Surgery	Surgery
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	202.82	Active	Surgery	Surgery
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	98.58	Active	Surgery	Surgery
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	124.83	Active	Surgery	Surgery
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	1,113.93	Active	Surgery	Surgery
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	1,478.01	Active	Surgery	Surgery
50722	Ureterolysis for ovarian vein syndrome	1,297.37	Active	Surgery	Surgery
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	1,328.64	Active	Surgery	Surgery
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	601.64	Active	Surgery	Surgery
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	877.24	Active	Surgery	Surgery

50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	1,392.68	Active	Surgery	Surgery
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	1,344.97	Active	Surgery	Surgery
50760	Ureteroureterostomy	1,318.16	Active	Surgery	Surgery
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	1,356.99	Active	Surgery	Surgery
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	1,305.44	Active	Surgery	Surgery
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	1,414.25	Active	Surgery	Surgery
50783	Ureteroneocystostomy; with extensive ureteral tailoring	1,502.94	Active	Surgery	Surgery
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	1,410.80	Active	Surgery	Surgery
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	1,048.09	Active	Surgery	Surgery
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	1,570.58	Active	Surgery	Surgery
50815	Ureterocolon conduit, including intestine anastomosis	1,406.94	Active	Surgery	Surgery
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	1,558.62	Active	Surgery	Surgery
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	1,942.33	Active	Surgery	Surgery
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	2,162.42	Active	Surgery	Surgery
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	1,396.84	Active	Surgery	Surgery
50845	Cutaneous appendico-vesicostomy	1,468.79	Active	Surgery	Surgery
50860	Ureterostomy, transplantation of ureter to skin	1,106.49	Active	Surgery	Surgery
50900	Ureterorrhaphy, suture of ureter (separate procedure)	989.75	Active	Surgery	Surgery
50920	Closure of ureterocutaneous fistula	1,011.71	Active	Surgery	Surgery
50930	Closure of ureterovisceral fistula (including visceral repair)	1,293.19	Active	Surgery	Surgery
50940	Deligation of ureter	1,057.61	Active	Surgery	Surgery
50945	Laparoscopy, surgical; ureterolithotomy	1,202.35	Active	Surgery	Surgery
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	1,752.68	Active	Surgery	Surgery
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	1,552.58	Active	Surgery	Surgery
50949	Unlisted laparoscopy procedure, ureter	0.00	Active	Surgery	Surgery
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	468.01	Active	Surgery	Surgery
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	492.28	Active	Surgery	Surgery
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	592.66	Active	Surgery	Surgery
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	529.92	Active	Surgery	Surgery

50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	479.32	Active	Surgery	Surgery
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	479.04	Active	Surgery	Surgery
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	463.16	Active	Surgery	Surgery
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	608.28	Active	Surgery	Surgery
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	604.93	Active	Surgery	Surgery
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	456.59	Active	Surgery	Surgery
51000	Aspiration of bladder by needle	109.38	Active	Surgery	Surgery
51005	Aspiration of bladder; by trocar or intracatheter	223.98	Active	Surgery	Surgery
51010	Aspiration of bladder; with insertion of suprapubic catheter	393.06	Active	Surgery	Surgery
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	500.17	Active	Surgery	Surgery
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	526.30	Active	Surgery	Surgery
51040	Cystostomy, cystostomy with drainage	336.43	Active	Surgery	Surgery
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	513.97	Active	Surgery	Surgery
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	505.31	Active	Surgery	Surgery
51060	Transvesical ureterolithotomy	639.71	Active	Surgery	Surgery
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	636.28	Active	Surgery	Surgery
51080	Drainage of perivesical or prevesical space abscess	450.64	Active	Surgery	Surgery
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	783.62	Active	Surgery	Surgery
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	676.58	Active	Surgery	Surgery
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	977.71	Active	Surgery	Surgery
51530	Cystotomy; for excision of bladder tumor	907.89	Active	Surgery	Surgery
51535	Cystotomy for excision, incision, or repair of ureterocele	960.20	Active	Surgery	Surgery
51550	Cystectomy, partial; simple	1,126.52	Active	Surgery	Surgery
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	1,496.06	Active	Surgery	Surgery
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	1,512.35	Active	Surgery	Surgery
51570	Cystectomy, complete; (separate procedure)	1,663.91	Active	Surgery	Surgery
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	2,085.01	Active	Surgery	Surgery
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	2,142.07	Active	Surgery	Surgery

51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	2,401.94	Active	Surgery	Surgery
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	2,218.36	Active	Surgery	Surgery
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	2,516.64	Active	Surgery	Surgery
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	2,687.23	Active	Surgery	Surgery
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	2,630.95	Active	Surgery	Surgery
51600	Injection procedure for cystography or voiding urethrocytography	223.12	Active	Surgery	Surgery
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	244.42	Active	Surgery	Surgery
51610	Injection procedure for retrograde urethrocytography	136.11	Active	Surgery	Surgery
51700	Bladder irrigation, simple, lavage and/or instillation	103.25	Active	Surgery	Surgery
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	82.95	Active	Surgery	Surgery
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	100.62	Active	Surgery	Surgery
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	174.77	Active	Surgery	Surgery
51705	Change of cystostomy tube; simple	134.50	Active	Surgery	Surgery
51710	Change of cystostomy tube; complicated	198.17	Active	Surgery	Surgery
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	344.47	Active	Surgery	Surgery
51720	Bladder instillation of anticarcinogenic agent (including detention time)	168.27	Active	Surgery	Surgery
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	286.14	Active	Surgery	Surgery
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	102.05	Active	Surgery	Surgery
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	184.09	Active	Surgery	Surgery
51726	Complex cystometrogram (eg, calibrated electronic equipment)	364.65	Active	Surgery	Surgery
51726	Complex cystometrogram (eg, calibrated electronic equipment)	114.70	Active	Surgery	Surgery
51726	Complex cystometrogram (eg, calibrated electronic equipment)	249.95	Active	Surgery	Surgery
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	56.49	Active	Surgery	Surgery
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	41.56	Active	Surgery	Surgery
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	14.93	Active	Surgery	Surgery
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	95.02	Active	Surgery	Surgery
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	76.94	Active	Surgery	Surgery
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	18.08	Active	Surgery	Surgery
51772	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	297.08	Active	Surgery	Surgery

51772	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	113.65	Active	Surgery	Surgery
51772	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	183.43	Active	Surgery	Surgery
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	231.21	Active	Surgery	Surgery
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	103.24	Active	Surgery	Surgery
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	127.97	Active	Surgery	Surgery
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	245.37	Active	Surgery	Surgery
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	101.47	Active	Surgery	Surgery
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	143.90	Active	Surgery	Surgery
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	290.07	Active	Surgery	Surgery
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	73.10	Active	Surgery	Surgery
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	216.97	Active	Surgery	Surgery
51795	Voiding pressure studies (VP); bladder voiding pressure, any technique	356.83	Active	Surgery	Surgery
51795	Voiding pressure studies (VP); bladder voiding pressure, any technique	103.24	Active	Surgery	Surgery
51795	Voiding pressure studies (VP); bladder voiding pressure, any technique	253.59	Active	Surgery	Surgery
51797	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)	298.64	Active	Surgery	Surgery
51797	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)	107.24	Active	Surgery	Surgery
51797	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)	191.40	Active	Surgery	Surgery
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	25.91	Active	Surgery	Surgery
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	1,231.41	Active	Surgery	Surgery
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	1,350.44	Active	Surgery	Surgery
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	832.78	Active	Surgery	Surgery
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	990.78	Active	Surgery	Surgery
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	715.29	Active	Surgery	Surgery
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	912.44	Active	Surgery	Surgery
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	1,084.43	Active	Surgery	Surgery
51880	Closure of cystostomy (separate procedure)	587.99	Active	Surgery	Surgery
51900	Closure of vesicovaginal fistula, abdominal approach	972.20	Active	Surgery	Surgery
51920	Closure of vesicouterine fistula;	902.93	Active	Surgery	Surgery
51925	Closure of vesicouterine fistula; with hysterectomy	1,315.82	Active	Surgery	Surgery
51940	Closure, exstrophy of bladder	1,998.53	Active	Surgery	Surgery
51960	Enterocystoplasty, including intestinal anastomosis	1,594.70	Active	Surgery	Surgery
51980	Cutaneous vesicostomy	818.35	Active	Surgery	Surgery

51990	Laparoscopy, surgical; urethral suspension for stress incontinence	986.89	Active	Surgery	Surgery
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	1,056.38	Active	Surgery	Surgery
51999	Unlisted laparoscopy procedure, bladder	0.00	Active	Surgery	Surgery
52000	Cystourethroscopy (separate procedure)	224.42	Active	Surgery	Surgery
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	475.00	Active	Surgery	Surgery
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	323.59	Active	Surgery	Surgery
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	737.89	Active	Surgery	Surgery
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	538.30	Active	Surgery	Surgery
52204	Cystourethroscopy, with biopsy	634.35	Active	Surgery	Surgery
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	1,526.18	Active	Surgery	Surgery
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	1,438.26	Active	Surgery	Surgery
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	311.23	Active	Surgery	Surgery
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	366.22	Active	Surgery	Surgery
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	647.31	Active	Surgery	Surgery
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	303.62	Active	Surgery	Surgery
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	264.05	Active	Surgery	Surgery
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	626.76	Active	Surgery	Surgery
52270	Cystourethroscopy, with internal urethrotomy; female	567.69	Active	Surgery	Surgery
52275	Cystourethroscopy, with internal urethrotomy; male	797.13	Active	Surgery	Surgery
52276	Cystourethroscopy with direct vision internal urethrotomy	334.92	Active	Surgery	Surgery
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	415.56	Active	Surgery	Surgery
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	400.09	Active	Surgery	Surgery
52282	Cystourethroscopy, with insertion of urethral stent	427.40	Active	Surgery	Surgery
52283	Cystourethroscopy, with steroid injection into stricture	340.55	Active	Surgery	Surgery
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	337.48	Active	Surgery	Surgery
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	307.43	Active	Surgery	Surgery
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	357.49	Active	Surgery	Surgery

52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	382.86	Active	Surgery	Surgery
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	355.76	Active	Surgery	Surgery
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	317.02	Active	Surgery	Surgery
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	586.38	Active	Surgery	Surgery
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	1,374.00	Active	Surgery	Surgery
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	610.55	Active	Surgery	Surgery
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	313.16	Active	Surgery	Surgery
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	411.33	Active	Surgery	Surgery
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	1,389.62	Active	Surgery	Surgery
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	1,625.05	Active	Surgery	Surgery
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	356.36	Active	Surgery	Surgery
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	326.00	Active	Surgery	Surgery
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	406.25	Active	Surgery	Surgery
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	437.21	Active	Surgery	Surgery
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	483.97	Active	Surgery	Surgery
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	519.46	Active	Surgery	Surgery
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	551.45	Active	Surgery	Surgery
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	618.82	Active	Surgery	Surgery
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy: diagnostic	394.37	Active	Surgery	Surgery
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy with removal or manipulation of calculus (ureteral catheterization is included)	464.13	Active	Surgery	Surgery
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy: with lithotripsy (ureteral catheterization is included)	536.49	Active	Surgery	Surgery
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy: with biopsy and/or fulguration of ureteral or renal pelvic lesion	494.77	Active	Surgery	Surgery
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy with resection of ureteral or renal pelvic tumor	593.10	Active	Surgery	Surgery
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	658.75	Active	Surgery	Surgery
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	352.48	Active	Surgery	Surgery

52450	Transurethral incision of prostate	545.64	Active	Surgery	Surgery
52500	Transurethral resection of bladder neck (separate procedure)	600.01	Active	Surgery	Surgery
52510	Transurethral balloon dilation of the prostatic urethra	476.72	Active	Surgery	Surgery
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	853.14	Active	Surgery	Surgery
52606	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	567.51	Active	Surgery	Surgery
52612	Transurethral resection of prostate; first stage of two-stage resection (partial resection)	565.64	Active	Surgery	Surgery
52614	Transurethral resection of prostate; second stage of two-stage resection (resection completed)	489.77	Active	Surgery	Surgery
52620	Transurethral resection; of residual obstructive tissue after 90 days postoperative	465.80	Active	Surgery	Surgery
52630	Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative	507.64	Active	Surgery	Surgery
52640	Transurethral resection; of postoperative bladder neck contracture	465.53	Active	Surgery	Surgery
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	3,135.19	Active	Surgery	Surgery
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	779.20	Active	Surgery	Surgery
52700	Transurethral drainage of prostatic abscess	482.53	Active	Surgery	Surgery
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	178.06	Active	Surgery	Surgery
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	297.11	Active	Surgery	Surgery
53020	Meatotomy, cutting of meatus (separate procedure); except infant	202.11	Active	Surgery	Surgery
53025	Meatotomy, cutting of meatus (separate procedure); infant	191.50	Active	Surgery	Surgery
53040	Drainage of deep periurethral abscess	468.97	Active	Surgery	Surgery
53060	Drainage of Skene's gland abscess or cyst	233.12	Active	Surgery	Surgery
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	564.34	Active	Surgery	Surgery
53085	Drainage of perineal urinary extravasation; complicated	853.17	Active	Surgery	Surgery
53200	Biopsy of urethra	190.62	Active	Surgery	Surgery
53210	Urethrectomy, total, including cystostomy; female	890.77	Active	Surgery	Surgery
53215	Urethrectomy, total, including cystostomy; male	1,082.57	Active	Surgery	Surgery
53220	Excision or fulguration of carcinoma of urethra	511.12	Active	Surgery	Surgery
53230	Excision of urethral diverticulum (separate procedure); female	697.30	Active	Surgery	Surgery
53235	Excision of urethral diverticulum (separate procedure); male	725.38	Active	Surgery	Surgery
53240	Marsupialization of urethral diverticulum, male or female	486.57	Active	Surgery	Surgery
53250	Excision of bulbourethral gland (Cowper's gland)	449.62	Active	Surgery	Surgery
53260	Excision or fulguration; urethral polyp(s), distal urethra	248.17	Active	Surgery	Surgery
53265	Excision or fulguration; urethral caruncle	268.61	Active	Surgery	Surgery
53270	Excision or fulguration; Skene's glands	260.27	Active	Surgery	Surgery
53275	Excision or fulguration; urethral prolapse	326.02	Active	Surgery	Surgery

53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	921.72	Active	Surgery	Surgery
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	1,025.30	Active	Surgery	Surgery
53410	Urethroplasty, one-stage reconstruction of male anterior urethra	1,144.44	Active	Surgery	Surgery
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra	1,316.46	Active	Surgery	Surgery
53420	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	982.60	Active	Surgery	Surgery
53425	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage	1,113.80	Active	Surgery	Surgery
53430	Urethroplasty, reconstruction of female urethra	1,136.37	Active	Surgery	Surgery
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	1,368.77	Active	Surgery	Surgery
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	952.41	Active	Surgery	Surgery
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	822.25	Active	Surgery	Surgery
53444	Insertion of tandem cuff (dual cuff)	936.10	Active	Surgery	Surgery
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	1,014.77	Active	Surgery	Surgery
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	740.28	Active	Surgery	Surgery
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	960.73	Active	Surgery	Surgery
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	1,472.61	Active	Surgery	Surgery
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	693.89	Active	Surgery	Surgery
53450	Urethromeatoplasty, with mucosal advancement	449.59	Active	Surgery	Surgery
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	517.27	Active	Surgery	Surgery
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	890.13	Active	Surgery	Surgery
53502	Urethrorrhaphy, suture of urethral wound or injury, female	570.09	Active	Surgery	Surgery
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	551.80	Active	Surgery	Surgery
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	736.66	Active	Surgery	Surgery
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatic/membranous	953.46	Active	Surgery	Surgery
53520	Closure of urethrostomy or urethrocuteaneous fistula, male (separate procedure)	629.72	Active	Surgery	Surgery
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	106.57	Active	Surgery	Surgery
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	97.81	Active	Surgery	Surgery
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	84.24	Active	Surgery	Surgery
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	157.24	Active	Surgery	Surgery
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	146.83	Active	Surgery	Surgery

53660	Dilation of female urethra including suppository and/or instillation; initial	84.25	Active	Surgery	Surgery
53661	Dilation of female urethra including suppository and/or instillation; subsequent	84.32	Active	Surgery	Surgery
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	51.40	Active	Surgery	Surgery
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	3,785.62	Active	Surgery	Surgery
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	3,625.50	Active	Surgery	Surgery
53853	Transurethral destruction of prostate tissue; by water-induced thermotherapy	2,209.32	Active	Surgery	Surgery
53899	Unlisted procedure, urinary system	0.00	Active	Surgery	Surgery
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	185.73	Active	Surgery	Surgery
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	229.65	Active	Surgery	Surgery
54015	Incision and drainage of penis, deep	380.44	Active	Surgery	Surgery
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	124.09	Active	Surgery	Surgery
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	120.13	Active	Surgery	Surgery
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	121.60	Active	Surgery	Surgery
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	145.26	Active	Surgery	Surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	212.34	Active	Surgery	Surgery
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	216.79	Active	Surgery	Surgery
54100	Biopsy of penis; (separate procedure)	195.38	Active	Surgery	Surgery
54105	Biopsy of penis; deep structures	340.41	Active	Surgery	Surgery
54110	Excision of penile plaque (Peyronie disease);	719.76	Active	Surgery	Surgery
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	943.02	Active	Surgery	Surgery
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	1,102.07	Active	Surgery	Surgery
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	487.43	Active	Surgery	Surgery
54120	Amputation of penis; partial	703.58	Active	Surgery	Surgery
54125	Amputation of penis; complete	941.64	Active	Surgery	Surgery
54130	Amputation of penis, radical; with bilateral inguino-femoral lymphadenectomy	1,402.94	Active	Surgery	Surgery
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	1,796.75	Active	Surgery	Surgery
54150	Circumcision, using clamp or other device; newborn	255.87	Active	Surgery	Surgery
54152	Circumcision, using clamp or other device; except newborn	172.85	Active	Surgery	Surgery
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn	282.24	Active	Surgery	Surgery
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	233.00	Active	Surgery	Surgery
54162	Lysis or excision of penile post-circumcision adhesions	325.44	Active	Surgery	Surgery

54163	Repair incomplete circumcision	233.63	Active	Surgery	Surgery
54164	Frenulotomy of penis	201.29	Active	Surgery	Surgery
54200	Injection procedure for Peyronie disease;	121.33	Active	Surgery	Surgery
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	596.43	Active	Surgery	Surgery
54220	Irrigation of corpora cavernosa for priapism	265.78	Active	Surgery	Surgery
54230	Injection procedure for corpora cavernosography	109.99	Active	Surgery	Surgery
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	162.02	Active	Surgery	Surgery
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	97.72	Active	Surgery	Surgery
54240	Penile plethysmography	121.12	Active	Surgery	Surgery
54240	Penile plethysmography	89.74	Active	Surgery	Surgery
54240	Penile plethysmography	31.38	Active	Surgery	Surgery
54250	Nocturnal penile tumescence and/or rigidity test	157.23	Active	Surgery	Surgery
54250	Nocturnal penile tumescence and/or rigidity test	146.77	Active	Surgery	Surgery
54250	Nocturnal penile tumescence and/or rigidity test	10.46	Active	Surgery	Surgery
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	767.08	Active	Surgery	Surgery
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	902.60	Active	Surgery	Surgery
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	854.79	Active	Surgery	Surgery
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	1,034.75	Active	Surgery	Surgery
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	1,199.76	Active	Surgery	Surgery
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	921.55	Active	Surgery	Surgery
54322	One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	936.16	Active	Surgery	Surgery
54324	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)	1,166.59	Active	Surgery	Surgery
54326	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	1,130.10	Active	Surgery	Surgery
54328	One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	1,085.81	Active	Surgery	Surgery
54332	One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	1,203.14	Active	Surgery	Surgery
54336	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	1,592.30	Active	Surgery	Surgery
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	662.38	Active	Surgery	Surgery
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	1,214.34	Active	Surgery	Surgery

54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	1,231.11	Active	Surgery	Surgery
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	1,828.58	Active	Surgery	Surgery
54360	Plastic operation on penis to correct angulation	861.45	Active	Surgery	Surgery
54380	Plastic operation on penis for epispadias distal to external sphincter;	950.32	Active	Surgery	Surgery
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	1,088.60	Active	Surgery	Surgery
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	1,511.61	Active	Surgery	Surgery
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	643.63	Active	Surgery	Surgery
54401	Insertion of penile prosthesis; inflatable (self-contained)	761.83	Active	Surgery	Surgery
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	940.52	Active	Surgery	Surgery
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	851.04	Active	Surgery	Surgery
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	896.34	Active	Surgery	Surgery
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	1,078.84	Active	Surgery	Surgery
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	1,119.84	Active	Surgery	Surgery
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	594.41	Active	Surgery	Surgery
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	781.38	Active	Surgery	Surgery
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	990.17	Active	Surgery	Surgery
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	818.64	Active	Surgery	Surgery
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	732.73	Active	Surgery	Surgery
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	459.83	Active	Surgery	Surgery
54440	Plastic operation of penis for injury	0.00	Active	Surgery	Surgery
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	94.42	Active	Surgery	Surgery
54500	Biopsy of testis, needle (separate procedure)	94.21	Active	Surgery	Surgery
54505	Biopsy of testis, incisional (separate procedure)	260.15	Active	Surgery	Surgery
54512	Excision of extraparenchymal lesion of testis	623.96	Active	Surgery	Surgery
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	405.80	Active	Surgery	Surgery
54522	Orchiectomy, partial	727.38	Active	Surgery	Surgery
54530	Orchiectomy, radical, for tumor; inguinal approach	626.01	Active	Surgery	Surgery

54535	Orchiectomy, radical, for tumor; with abdominal exploration	873.64	Active	Surgery	Surgery
54550	Exploration for undescended testis (inguinal or scrotal area)	564.90	Active	Surgery	Surgery
54560	Exploration for undescended testis with abdominal exploration	807.72	Active	Surgery	Surgery
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	509.19	Active	Surgery	Surgery
54620	Fixation of contralateral testis (separate procedure)	356.75	Active	Surgery	Surgery
54640	Orchiopexy, inguinal approach, with or without hernia repair	530.55	Active	Surgery	Surgery
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	875.86	Active	Surgery	Surgery
54660	Insertion of testicular prosthesis (separate procedure)	397.40	Active	Surgery	Surgery
54670	Suture or repair of testicular injury	476.39	Active	Surgery	Surgery
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	952.60	Active	Surgery	Surgery
54690	Laparoscopy, surgical; orchiectomy	814.11	Active	Surgery	Surgery
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	962.12	Active	Surgery	Surgery
54699	Unlisted laparoscopy procedure, testis	0.00	Active	Surgery	Surgery
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	261.34	Active	Surgery	Surgery
54800	Biopsy of epididymis, needle	171.76	Active	Surgery	Surgery
54820	Exploration of epididymis, with or without biopsy	389.52	Active	Surgery	Surgery
54830	Excision of local lesion of epididymis	404.21	Active	Surgery	Surgery
54840	Excision of spermatocele, with or without epididymectomy	381.21	Active	Surgery	Surgery
54860	Epididymectomy; unilateral	461.09	Active	Surgery	Surgery
54861	Epididymectomy; bilateral	636.67	Active	Surgery	Surgery
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	922.76	Active	Surgery	Surgery
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	1,340.02	Active	Surgery	Surgery
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	151.63	Active	Surgery	Surgery
55040	Excision of hydrocele; unilateral	402.74	Active	Surgery	Surgery
55041	Excision of hydrocele; bilateral	570.52	Active	Surgery	Surgery
55060	Repair of tunica vaginalis hydrocele (Bottle type)	421.04	Active	Surgery	Surgery
55100	Drainage of scrotal wall abscess	247.62	Active	Surgery	Surgery
55110	Scrotal exploration	425.09	Active	Surgery	Surgery
55120	Removal of foreign body in scrotum	385.98	Active	Surgery	Surgery
55150	Resection of scrotum	536.95	Active	Surgery	Surgery
55175	Scrotoplasty; simple	390.87	Active	Surgery	Surgery
55180	Scrotoplasty; complicated	797.66	Active	Surgery	Surgery
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	665.08	Active	Surgery	Surgery
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	581.74	Active	Surgery	Surgery
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	237.60	Active	Surgery	Surgery
55400	Vasovasostomy, vasovasorrhaphy	612.43	Active	Surgery	Surgery
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	467.94	Active	Surgery	Surgery
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	440.25	Active	Surgery	Surgery
55520	Excision of lesion of spermatic cord (separate procedure)	499.75	Active	Surgery	Surgery

55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	422.77	Active	Surgery	Surgery
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	477.89	Active	Surgery	Surgery
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	621.74	Active	Surgery	Surgery
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	492.52	Active	Surgery	Surgery
55559	Unlisted laparoscopy procedure, spermatic cord	0.00	Active	Surgery	Surgery
55600	Vesiculotomy;	494.35	Active	Surgery	Surgery
55605	Vesiculotomy; complicated	597.98	Active	Surgery	Surgery
55650	Vesiculectomy, any approach	843.76	Active	Surgery	Surgery
55680	Excision of Mullerian duct cyst	405.04	Active	Surgery	Surgery
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	231.34	Active	Surgery	Surgery
55705	Biopsy, prostate; incisional, any approach	329.10	Active	Surgery	Surgery
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	622.93	Active	Surgery	Surgery
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	645.96	Active	Surgery	Surgery
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	1,252.41	Active	Surgery	Surgery
55810	Prostatectomy, perineal radical;	1,546.61	Active	Surgery	Surgery
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	1,903.14	Active	Surgery	Surgery
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	2,080.23	Active	Surgery	Surgery
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	995.51	Active	Surgery	Surgery
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	1,084.95	Active	Surgery	Surgery
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	1,564.81	Active	Surgery	Surgery
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	1,674.71	Active	Surgery	Surgery
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	1,941.87	Active	Surgery	Surgery
55859	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	888.66	Active	Surgery	Surgery
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	1,012.67	Active	Surgery	Surgery
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	1,311.83	Active	Surgery	Surgery
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	1,575.27	Active	Surgery	Surgery
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	2,086.19	Active	Surgery	Surgery
55870	Electroejaculation	190.40	Active	Surgery	Surgery

55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)	1,376.54	Active	Surgery	Surgery
55899	Unlisted procedure, male genital system	0.00	Active	Surgery	Surgery
55970	Intersex surgery; male to female	0.00	Active	Surgery	Surgery
55980	Intersex surgery; female to male	0.00	Active	Surgery	Surgery
56405	Incision and drainage of vulva or perineal abscess	137.02	Active	Surgery	Surgery
56420	Incision and drainage of Bartholin's gland abscess	166.05	Active	Surgery	Surgery
56440	Marsupialization of Bartholin's gland cyst	239.44	Active	Surgery	Surgery
56441	Lysis of labial adhesions	181.71	Active	Surgery	Surgery
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	158.53	Active	Surgery	Surgery
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	263.39	Active	Surgery	Surgery
56605	Biopsy of vulva or perineum (separate procedure); one lesion	106.56	Active	Surgery	Surgery
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	52.60	Active	Surgery	Surgery
56620	Vulvectomy simple; partial	640.86	Active	Surgery	Surgery
56625	Vulvectomy simple; complete	719.76	Active	Surgery	Surgery
56630	Vulvectomy, radical, partial;	1,022.54	Active	Surgery	Surgery
56631	Vulvectomy, radical, partial; with unilateral inguino-femoral lymphadenectomy	1,334.84	Active	Surgery	Surgery
56632	Vulvectomy, radical, partial; with bilateral inguino-femoral lymphadenectomy	1,608.00	Active	Surgery	Surgery
56633	Vulvectomy, radical, complete;	1,342.18	Active	Surgery	Surgery
56634	Vulvectomy, radical, complete; with unilateral inguino-femoral lymphadenectomy	1,464.07	Active	Surgery	Surgery
56637	Vulvectomy, radical, complete; with bilateral inguino-femoral lymphadenectomy	1,771.63	Active	Surgery	Surgery
56640	Vulvectomy, radical, complete, with inguino-femoral, iliac, and pelvic lymphadenectomy	1,813.97	Active	Surgery	Surgery
56700	Partial hymenectomy or revision of hymenal ring	223.34	Active	Surgery	Surgery
56720	Hymenotomy, simple incision	60.56	Active	Surgery	Surgery
56740	Excision of Bartholin's gland or cyst	380.86	Active	Surgery	Surgery
56800	Plastic repair of introitus	318.08	Active	Surgery	Surgery
56805	Clitoroplasty for intersex state	1,501.64	Active	Surgery	Surgery
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	340.53	Active	Surgery	Surgery
56820	Colposcopy of the vulva;	140.63	Active	Surgery	Surgery
56821	Colposcopy of the vulva; with biopsy(s)	191.85	Active	Surgery	Surgery
57000	Colpotomy; with exploration	239.98	Active	Surgery	Surgery
57010	Colpotomy; with drainage of pelvic abscess	512.08	Active	Surgery	Surgery
57020	Colpocentesis (separate procedure)	127.81	Active	Surgery	Surgery
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	205.84	Active	Surgery	Surgery
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	392.35	Active	Surgery	Surgery
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	136.53	Active	Surgery	Surgery
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	244.85	Active	Surgery	Surgery
57100	Biopsy of vaginal mucosa; simple (separate procedure)	112.91	Active	Surgery	Surgery
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	169.18	Active	Surgery	Surgery
57106	Vaginectomy, partial removal of vaginal wall;	542.74	Active	Surgery	Surgery

57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	1,813.85	Active	Surgery	Surgery
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	2,097.99	Active	Surgery	Surgery
57110	Vaginectomy, complete removal of vaginal wall;	1,161.83	Active	Surgery	Surgery
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	2,138.73	Active	Surgery	Surgery
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	2,187.65	Active	Surgery	Surgery
57120	Colpocleisis (Le Fort type)	629.97	Active	Surgery	Surgery
57130	Excision of vaginal septum	228.85	Active	Surgery	Surgery
57135	Excision of vaginal cyst or tumor	246.35	Active	Surgery	Surgery
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	73.74	Active	Surgery	Surgery
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	499.09	Active	Surgery	Surgery
57160	Fitting and insertion of pessary or other intravaginal support device	90.30	Active	Surgery	Surgery
57170	Diaphragm or cervical cap fitting with instructions	109.20	Active	Surgery	Surgery
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	175.58	Active	Surgery	Surgery
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	347.97	Active	Surgery	Surgery
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	446.98	Active	Surgery	Surgery
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	379.74	Active	Surgery	Surgery
57230	Plastic repair of urethrocele	451.69	Active	Surgery	Surgery
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	498.22	Active	Surgery	Surgery
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	472.36	Active	Surgery	Surgery
57260	Combined anteroposterior colporrhaphy;	688.45	Active	Surgery	Surgery
57265	Combined anteroposterior colporrhaphy; with enterocele repair	921.65	Active	Surgery	Surgery
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	388.09	Active	Surgery	Surgery
57268	Repair of enterocele, vaginal approach (separate procedure)	570.60	Active	Surgery	Surgery
57270	Repair of enterocele, abdominal approach (separate procedure)	979.16	Active	Surgery	Surgery
57280	Colpopexy, abdominal approach	1,186.07	Active	Surgery	Surgery
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	626.63	Active	Surgery	Surgery
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	844.18	Active	Surgery	Surgery
57284	Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)	1,033.53	Active	Surgery	Surgery
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	801.39	Active	Surgery	Surgery
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	952.87	Active	Surgery	Surgery
57289	Pereyra procedure, including anterior colporrhaphy	912.36	Active	Surgery	Surgery

57291	Construction of artificial vagina; without graft	670.97	Active	Surgery	Surgery
57292	Construction of artificial vagina; with graft	1,072.79	Active	Surgery	Surgery
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	629.73	Active	Surgery	Surgery
57300	Closure of rectovaginal fistula; vaginal or transanal approach	623.81	Active	Surgery	Surgery
57305	Closure of rectovaginal fistula; abdominal approach	1,103.08	Active	Surgery	Surgery
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	1,270.97	Active	Surgery	Surgery
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	798.14	Active	Surgery	Surgery
57310	Closure of urethrovaginal fistula;	514.81	Active	Surgery	Surgery
57311	Closure of urethrovaginal fistula; with bulbo cavernosus transplant	594.70	Active	Surgery	Surgery
57320	Closure of vesicovaginal fistula; vaginal approach	611.70	Active	Surgery	Surgery
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	907.00	Active	Surgery	Surgery
57335	Vaginoplasty for intersex state	1,441.99	Active	Surgery	Surgery
57400	Dilation of vagina under anesthesia	180.41	Active	Surgery	Surgery
57410	Pelvic examination under anesthesia	175.80	Active	Surgery	Surgery
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia	183.38	Active	Surgery	Surgery
57420	Colposcopy of the entire vagina, with cervix if present;	148.01	Active	Surgery	Surgery
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	204.85	Active	Surgery	Surgery
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	1,204.95	Active	Surgery	Surgery
57452	Colposcopy of the cervix including upper/adjacent vagina;	139.59	Active	Surgery	Surgery
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	204.84	Active	Surgery	Surgery
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	186.16	Active	Surgery	Surgery
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	174.28	Active	Surgery	Surgery
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	382.79	Active	Surgery	Surgery
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	429.54	Active	Surgery	Surgery
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	150.57	Active	Surgery	Surgery
57505	Endocervical curettage (not done as part of a dilation and curettage)	123.53	Active	Surgery	Surgery
57510	Cautery of cervix; electro or thermal	175.05	Active	Surgery	Surgery
57511	Cautery of cervix; cryocautery, initial or repeat	184.40	Active	Surgery	Surgery
57513	Cautery of cervix; laser ablation	180.59	Active	Surgery	Surgery
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	393.53	Active	Surgery	Surgery
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	323.61	Active	Surgery	Surgery
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	422.11	Active	Surgery	Surgery
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	2,230.12	Active	Surgery	Surgery

57540	Excision of cervical stump, abdominal approach;	995.84	Active	Surgery	Surgery
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	1,050.64	Active	Surgery	Surgery
57550	Excision of cervical stump, vaginal approach;	484.55	Active	Surgery	Surgery
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	747.08	Active	Surgery	Surgery
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	684.54	Active	Surgery	Surgery
57700	Cerclage of uterine cervix, nonobstetrical	329.92	Active	Surgery	Surgery
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	368.59	Active	Surgery	Surgery
57800	Dilation of cervical canal, instrumental (separate procedure)	74.80	Active	Surgery	Surgery
57820	Dilation and curettage of cervical stump	156.90	Active	Surgery	Surgery
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	142.25	Active	Surgery	Surgery
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	67.52	Active	Surgery	Surgery
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	287.25	Active	Surgery	Surgery
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach	1,183.19	Active	Surgery	Surgery
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; vaginal approach	677.34	Active	Surgery	Surgery
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams, abdominal approach	1,525.16	Active	Surgery	Surgery
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	1,228.73	Active	Surgery	Surgery
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	1,648.79	Active	Surgery	Surgery
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	1,194.46	Active	Surgery	Surgery
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	1,707.89	Active	Surgery	Surgery
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	2,272.42	Active	Surgery	Surgery
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	2,978.76	Active	Surgery	Surgery
58260	Vaginal hysterectomy, for uterus 250 grams or less;	1,058.05	Active	Surgery	Surgery
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	1,196.55	Active	Surgery	Surgery

58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	1,294.94	Active	Surgery	Surgery
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	1,374.15	Active	Surgery	Surgery
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	1,153.29	Active	Surgery	Surgery
58275	Vaginal hysterectomy, with total or partial vaginectomy;	1,273.14	Active	Surgery	Surgery
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	1,368.72	Active	Surgery	Surgery
58285	Vaginal hysterectomy, radical (Schauta type operation)	1,762.77	Active	Surgery	Surgery
58290	Vaginal hysterectomy, for uterus greater than 250 grams;	1,524.02	Active	Surgery	Surgery
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	1,666.36	Active	Surgery	Surgery
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele	1,764.40	Active	Surgery	Surgery
58293	Vaginal hysterectomy, for uterus greater than 250 grams; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	1,835.34	Active	Surgery	Surgery
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	1,610.73	Active	Surgery	Surgery
58300	Insertion of intrauterine device (IUD)	113.11	Active	Surgery	Surgery
58301	Removal of intrauterine device (IUD)	125.95	Active	Surgery	Surgery
58321	Artificial insemination; intra-cervical	96.42	Active	Surgery	Surgery
58322	Artificial insemination; intra-uterine	111.07	Active	Surgery	Surgery
58323	Sperm washing for artificial insemination	33.39	Active	Surgery	Surgery
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	162.94	Active	Surgery	Surgery
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	353.66	Active	Surgery	Surgery
58346	Insertion of Heyman capsules for clinical brachytherapy	520.19	Active	Surgery	Surgery
58350	Chromotubation of oviduct, including materials	115.54	Active	Surgery	Surgery
58353	Endometrial ablation, thermal, without hysteroscopic guidance	1,464.99	Active	Surgery	Surgery
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	2,548.30	Active	Surgery	Surgery
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	537.61	Active	Surgery	Surgery
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	1,017.27	Active	Surgery	Surgery
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	972.68	Active	Surgery	Surgery
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	1,174.38	Active	Surgery	Surgery
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas	1,178.89	Active	Surgery	Surgery
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams	1,518.51	Active	Surgery	Surgery
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	1,156.53	Active	Surgery	Surgery
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	1,258.03	Active	Surgery	Surgery

58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	1,518.51	Active	Surgery	Surgery
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	1,691.38	Active	Surgery	Surgery
58555	Hysteroscopy, diagnostic (separate procedure)	287.74	Active	Surgery	Surgery
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	376.73	Active	Surgery	Surgery
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	486.23	Active	Surgery	Surgery
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	551.13	Active	Surgery	Surgery
58561	Hysteroscopy, surgical; with removal of leiomyomata	784.98	Active	Surgery	Surgery
58562	Hysteroscopy, surgical; with removal of impacted foreign body	413.02	Active	Surgery	Surgery
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	2,343.48	Active	Surgery	Surgery
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	2,228.99	Active	Surgery	Surgery
58578	Unlisted laparoscopy procedure, uterus	0.00	Active	Surgery	Surgery
58579	Unlisted hysteroscopy procedure, uterus	0.00	Active	Surgery	Surgery
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	468.77	Active	Surgery	Surgery
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	423.40	Active	Surgery	Surgery
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	112.88	Active	Surgery	Surgery
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	341.47	Active	Surgery	Surgery
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	906.64	Active	Surgery	Surgery
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	881.04	Active	Surgery	Surgery
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	951.46	Active	Surgery	Surgery
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	468.46	Active	Surgery	Surgery
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	470.23	Active	Surgery	Surgery
58672	Laparoscopy, surgical; with fimbrioplasty	1,041.46	Active	Surgery	Surgery
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	1,107.25	Active	Surgery	Surgery
58679	Unlisted laparoscopy procedure, oviduct, ovary	0.00	Active	Surgery	Surgery
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	983.52	Active	Surgery	Surgery
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	925.85	Active	Surgery	Surgery
58740	Lysis of adhesions (salpingolysis, ovariolysis)	1,141.18	Active	Surgery	Surgery
58750	Tubotubal anastomosis	1,207.65	Active	Surgery	Surgery
58752	Tubouterine implantation	1,186.03	Active	Surgery	Surgery
58760	Fimbrioplasty	1,103.96	Active	Surgery	Surgery
58770	Salpingostomy (salpingoneostomy)	1,135.48	Active	Surgery	Surgery

58800	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach	377.12	Active	Surgery	Surgery
58805	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); abdominal approach	491.81	Active	Surgery	Surgery
58820	Drainage of ovarian abscess; vaginal approach, open	384.28	Active	Surgery	Surgery
58822	Drainage of ovarian abscess; abdominal approach	813.79	Active	Surgery	Surgery
58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	925.63	Active	Surgery	Surgery
58825	Transposition, ovary(s)	898.10	Active	Surgery	Surgery
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	498.88	Active	Surgery	Surgery
58920	Wedge resection or bisection of ovary, unilateral or bilateral	925.99	Active	Surgery	Surgery
58925	Ovarian cystectomy, unilateral or bilateral	926.27	Active	Surgery	Surgery
58940	Oophorectomy, partial or total, unilateral or bilateral;	611.11	Active	Surgery	Surgery
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	1,470.91	Active	Surgery	Surgery
58950	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	1,367.00	Active	Surgery	Surgery
58951	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	1,772.80	Active	Surgery	Surgery
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	1,997.91	Active	Surgery	Surgery
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	2,533.28	Active	Surgery	Surgery
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	2,760.79	Active	Surgery	Surgery
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	0.00	Active	Surgery	Surgery
58960	Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	1,190.43	Active	Surgery	Surgery
58970	Follicle puncture for oocyte retrieval, any method	305.24	Active	Surgery	Surgery
58974	Embryo transfer, intrauterine	0.00	Active	Surgery	Surgery
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	337.81	Active	Surgery	Surgery
58999	Unlisted procedure, female genital system (nonobstetrical)	0.00	Active	Surgery	Surgery
59000	Amniocentesis; diagnostic	181.82	Active	Surgery	Surgery
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	301.19	Active	Surgery	Surgery
59012	Cordocentesis (intrauterine), any method	343.74	Active	Surgery	Surgery
59015	Chorionic villus sampling, any method	238.63	Active	Surgery	Surgery
59020	Fetal contraction stress test	100.87	Active	Surgery	Surgery

59020	Fetal contraction stress test	65.19	Active	Surgery	Surgery
59020	Fetal contraction stress test	35.68	Active	Surgery	Surgery
59025	Fetal non-stress test	64.16	Active	Surgery	Surgery
59025	Fetal non-stress test	52.66	Active	Surgery	Surgery
59025	Fetal non-stress test	11.50	Active	Surgery	Surgery
59030	Fetal scalp blood sampling	193.89	Active	Surgery	Surgery
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	86.87	Active	Surgery	Surgery
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	71.38	Active	Surgery	Surgery
59070	Transabdominal amnioinfusion, including ultrasound guidance	449.88	Active	Surgery	Surgery
59072	Fetal umbilical cord occlusion, including ultrasound guidance	516.98	Active	Surgery	Surgery
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	429.79	Active	Surgery	Surgery
59076	Fetal shunt placement, including ultrasound guidance	516.98	Active	Surgery	Surgery
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	1,265.15	Active	Surgery	Surgery
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	1,182.62	Active	Surgery	Surgery
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	1,203.61	Active	Surgery	Surgery
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	1,364.13	Active	Surgery	Surgery
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	1,420.15	Active	Surgery	Surgery
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	1,339.02	Active	Surgery	Surgery
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	535.36	Active	Surgery	Surgery
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	1,192.18	Active	Surgery	Surgery
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	1,177.81	Active	Surgery	Surgery
59160	Curettage, postpartum	342.03	Active	Surgery	Surgery
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	108.21	Active	Surgery	Surgery
59300	Episiotomy or vaginal repair, by other than attending physician	278.17	Active	Surgery	Surgery
59320	Cerclage of cervix, during pregnancy; vaginal	252.10	Active	Surgery	Surgery
59325	Cerclage of cervix, during pregnancy; abdominal	393.04	Active	Surgery	Surgery
59350	Hysterorrhaphy of ruptured uterus	480.81	Active	Surgery	Surgery
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	2,474.51	Active	Surgery	Surgery
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	1,321.66	Active	Surgery	Surgery
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	1,463.45	Active	Surgery	Surgery
59412	External cephalic version, with or without tocolysis	171.06	Active	Surgery	Surgery
59414	Delivery of placenta (separate procedure)	157.41	Active	Surgery	Surgery
59425	Antepartum care only; 4-6 visits	550.30	Active	Surgery	Surgery
59426	Antepartum care only; 7 or more visits	959.79	Active	Surgery	Surgery
59430	Postpartum care only (separate procedure)	221.05	Active	Surgery	Surgery

59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	2,807.83	Active	Surgery	Surgery
59514	Cesarean delivery only;	1,560.14	Active	Surgery	Surgery
59515	Cesarean delivery only; including postpartum care	1,733.36	Active	Surgery	Surgery
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	818.25	Active	Surgery	Surgery
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	2,624.51	Active	Surgery	Surgery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	1,479.00	Active	Surgery	Surgery
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	1,616.63	Active	Surgery	Surgery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	2,971.02	Active	Surgery	Surgery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	1,710.13	Active	Surgery	Surgery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	1,892.79	Active	Surgery	Surgery
59812	Treatment of incomplete abortion, any trimester, completed surgically	0.00	Active	Surgery	Surgery
59820	Treatment of missed abortion, completed surgically; first trimester	0.00	Active	Surgery	Surgery
59821	Treatment of missed abortion, completed surgically; second trimester	524.21	Active	Surgery	Surgery
59830	Treatment of septic abortion, completed surgically	650.68	Active	Surgery	Surgery
59840	Induced abortion, by dilation and curettage	326.55	Active	Surgery	Surgery
59841	Induced abortion, by dilation and evacuation	561.56	Active	Surgery	Surgery
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	588.66	Active	Surgery	Surgery
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	606.48	Active	Surgery	Surgery
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	841.10	Active	Surgery	Surgery
59855	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	637.62	Active	Surgery	Surgery
59856	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	771.47	Active	Surgery	Surgery
59857	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	911.19	Active	Surgery	Surgery
59866	Multifetal pregnancy reduction(s) (MPR)	388.31	Active	Surgery	Surgery
59870	Uterine evacuation and curettage for hydatidiform mole	660.23	Active	Surgery	Surgery
59871	Removal of cerclage suture under anesthesia (other than local)	239.06	Active	Surgery	Surgery

59897	Unlisted fetal invasive procedure, including ultrasound guidance	0.00	Active	Surgery	Surgery
59898	Unlisted laparoscopy procedure, maternity care and delivery	0.00	Active	Surgery	Surgery
59899	Unlisted procedure, maternity care and delivery	0.00	Active	Surgery	Surgery
60000	Incision and drainage of thyroglossal duct cyst, infected	167.81	Active	Surgery	Surgery
60001	Aspiration and/or injection, thyroid cyst	102.24	Active	Surgery	Surgery
60100	Biopsy thyroid, percutaneous core needle	132.15	Active	Surgery	Surgery
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	789.85	Active	Surgery	Surgery
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	872.43	Active	Surgery	Surgery
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	1,286.39	Active	Surgery	Surgery
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	949.15	Active	Surgery	Surgery
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	1,146.20	Active	Surgery	Surgery
60240	Thyroidectomy, total or complete	1,268.64	Active	Surgery	Surgery
60252	Thyroidectomy; total or subtotal for malignancy; with limited neck dissection	1,624.04	Active	Surgery	Surgery
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	2,090.60	Active	Surgery	Surgery
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	1,379.07	Active	Surgery	Surgery
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	1,629.12	Active	Surgery	Surgery
60271	Thyroidectomy, including substernal thyroid; cervical approach	1,316.00	Active	Surgery	Surgery
60280	Excision of thyroglossal duct cyst or sinus;	505.07	Active	Surgery	Surgery
60281	Excision of thyroglossal duct cyst or sinus; recurrent	692.04	Active	Surgery	Surgery
60500	Parathyroidectomy or exploration of parathyroid(s);	1,296.10	Active	Surgery	Surgery
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	1,631.50	Active	Surgery	Surgery
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	1,753.54	Active	Surgery	Surgery
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	337.57	Active	Surgery	Surgery
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	1,384.61	Active	Surgery	Surgery
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	1,624.95	Active	Surgery	Surgery
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	1,942.55	Active	Surgery	Surgery
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	1,289.82	Active	Surgery	Surgery
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	1,501.59	Active	Surgery	Surgery
60600	Excision of carotid body tumor; without excision of carotid artery	1,524.83	Active	Surgery	Surgery
60605	Excision of carotid body tumor; with excision of carotid artery	1,720.59	Active	Surgery	Surgery
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	1,524.71	Active	Surgery	Surgery

60659	Unlisted laparoscopy procedure, endocrine system	0.00	Active	Surgery	Surgery
60699	Unlisted procedure, endocrine system	0.00	Active	Surgery	Surgery
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	122.71	Active	Surgery	Surgery
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	128.01	Active	Surgery	Surgery
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	170.36	Active	Surgery	Surgery
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	177.94	Active	Surgery	Surgery
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	127.30	Active	Surgery	Surgery
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	168.06	Active	Surgery	Surgery
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	102.67	Active	Surgery	Surgery
61105	Twist drill hole for subdural or ventricular puncture;	586.71	Active	Surgery	Surgery
61107	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device	526.99	Active	Surgery	Surgery
61108	Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma	1,142.91	Active	Surgery	Surgery
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	947.60	Active	Surgery	Surgery
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	1,741.20	Active	Surgery	Surgery
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	1,863.73	Active	Surgery	Surgery
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	1,325.82	Active	Surgery	Surgery
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	1,704.76	Active	Surgery	Surgery
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	1,776.67	Active	Surgery	Surgery
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure)	612.79	Active	Surgery	Surgery
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	567.96	Active	Surgery	Surgery
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	1,165.56	Active	Surgery	Surgery
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	1,251.26	Active	Surgery	Surgery
61304	Craniectomy or craniotomy, exploratory; supratentorial	2,364.69	Active	Surgery	Surgery
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	2,728.15	Active	Surgery	Surgery
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	2,680.21	Active	Surgery	Surgery
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	2,703.03	Active	Surgery	Surgery
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	2,582.06	Active	Surgery	Surgery
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	2,987.06	Active	Surgery	Surgery
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	141.42	Active	Surgery	Surgery

61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	2,760.52	Active	Surgery	Surgery
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	3,022.02	Active	Surgery	Surgery
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	3,134.96	Active	Surgery	Surgery
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	3,283.21	Active	Surgery	Surgery
61330	Decompression of orbit only, transcranial approach	1,870.00	Active	Surgery	Surgery
61332	Exploration of orbit (transcranial approach); with biopsy	2,545.69	Active	Surgery	Surgery
61333	Exploration of orbit (transcranial approach); with removal of lesion	2,412.55	Active	Surgery	Surgery
61334	Exploration of orbit (transcranial approach); with removal of foreign body	1,448.28	Active	Surgery	Surgery
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	2,027.70	Active	Surgery	Surgery
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	3,187.64	Active	Surgery	Surgery
61345	Other cranial decompression, posterior fossa	2,923.73	Active	Surgery	Surgery
61440	Craniotomy for section of tentorium cerebelli (separate procedure)	2,833.66	Active	Surgery	Surgery
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	2,611.55	Active	Surgery	Surgery
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	2,929.93	Active	Surgery	Surgery
61460	Craniectomy, suboccipital; for section of one or more cranial nerves	2,833.07	Active	Surgery	Surgery
61470	Craniectomy, suboccipital; for medullary tractotomy	2,620.74	Active	Surgery	Surgery
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	2,834.77	Active	Surgery	Surgery
61490	Craniotomy for lobotomy, including cingulotomy	2,800.32	Active	Surgery	Surgery
61500	Craniectomy; with excision of tumor or other bone lesion of skull	1,856.33	Active	Surgery	Surgery
61501	Craniectomy; for osteomyelitis	1,513.79	Active	Surgery	Surgery
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	3,076.76	Active	Surgery	Surgery
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	3,764.69	Active	Surgery	Surgery
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	2,720.07	Active	Surgery	Surgery
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	2,653.11	Active	Surgery	Surgery
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	142.38	Active	Surgery	Surgery
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	4,008.50	Active	Surgery	Surgery
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	4,407.85	Active	Surgery	Surgery
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	5,345.17	Active	Surgery	Surgery
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	4,726.80	Active	Surgery	Surgery
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	3,157.06	Active	Surgery	Surgery

61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	2,982.55	Active	Surgery	Surgery
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	4,473.43	Active	Surgery	Surgery
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	3,805.63	Active	Surgery	Surgery
61531	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring	1,602.85	Active	Surgery	Surgery
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring	2,134.02	Active	Surgery	Surgery
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	2,263.26	Active	Surgery	Surgery
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	1,280.66	Active	Surgery	Surgery
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	3,809.66	Active	Surgery	Surgery
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	2,790.48	Active	Surgery	Surgery
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	2,886.79	Active	Surgery	Surgery
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	3,438.34	Active	Surgery	Surgery
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	3,332.76	Active	Surgery	Surgery
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	2,944.19	Active	Surgery	Surgery
61542	Craniotomy with elevation of bone flap; for total hemispherectomy	3,344.34	Active	Surgery	Surgery
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	3,135.69	Active	Surgery	Surgery
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	2,608.38	Active	Surgery	Surgery
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	4,563.76	Active	Surgery	Surgery
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	3,281.14	Active	Surgery	Surgery
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	1,957.83	Active	Surgery	Surgery
61550	Craniectomy for craniosynostosis; single cranial suture	1,032.77	Active	Surgery	Surgery
61552	Craniectomy for craniosynostosis; multiple cranial sutures	1,330.04	Active	Surgery	Surgery
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	2,154.72	Active	Surgery	Surgery
61557	Craniotomy for craniosynostosis; bifrontal bone flap	2,439.86	Active	Surgery	Surgery
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	1,813.61	Active	Surgery	Surgery
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	3,554.22	Active	Surgery	Surgery

61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	2,572.48	Active	Surgery	Surgery
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	3,609.88	Active	Surgery	Surgery
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	3,149.18	Active	Surgery	Surgery
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	3,369.67	Active	Surgery	Surgery
61570	Craniectomy or craniotomy; with excision of foreign body from brain	2,557.52	Active	Surgery	Surgery
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	2,836.63	Active	Surgery	Surgery
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	3,073.40	Active	Surgery	Surgery
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	4,403.40	Active	Surgery	Surgery
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	2,763.95	Active	Surgery	Surgery
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	2,966.76	Active	Surgery	Surgery
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	3,555.99	Active	Surgery	Surgery
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	4,023.84	Active	Surgery	Surgery
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	3,757.20	Active	Surgery	Surgery
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	3,789.69	Active	Surgery	Surgery
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	2,615.05	Active	Surgery	Surgery
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	3,693.68	Active	Surgery	Surgery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	3,866.99	Active	Surgery	Surgery

61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	4,368.95	Active	Surgery	Surgery
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	2,726.91	Active	Surgery	Surgery
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	2,953.10	Active	Surgery	Surgery
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	3,958.62	Active	Surgery	Surgery
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	3,221.88	Active	Surgery	Surgery
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	2,446.60	Active	Surgery	Surgery
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	3,057.85	Active	Surgery	Surgery
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	2,505.36	Active	Surgery	Surgery
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	4,093.22	Active	Surgery	Surgery
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	3,573.93	Active	Surgery	Surgery
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	4,595.93	Active	Surgery	Surgery
61609	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)	1,036.83	Active	Surgery	Surgery
61610	Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	3,063.34	Active	Surgery	Surgery
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	778.29	Active	Surgery	Surgery
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	2,399.86	Active	Surgery	Surgery
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	4,126.02	Active	Surgery	Surgery
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	2,977.91	Active	Surgery	Surgery

61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	4,281.50	Active	Surgery	Surgery
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	1,735.62	Active	Surgery	Surgery
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	1,996.31	Active	Surgery	Surgery
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	748.09	Active	Surgery	Surgery
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	1,434.99	Active	Surgery	Surgery
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	1,112.84	Active	Surgery	Surgery
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	0.00	Active	Surgery	Surgery
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	0.00	Active	Surgery	Surgery
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	0.00	Active	Surgery	Surgery
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	0.00	Active	Surgery	Surgery
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	0.00	Active	Surgery	Surgery
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	3,303.58	Active	Surgery	Surgery
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	6,520.01	Active	Surgery	Surgery
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	4,261.96	Active	Surgery	Surgery
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	6,873.52	Active	Surgery	Surgery
61690	Surgery of intracranial arteriovenous malformation; dural, simple	3,041.74	Active	Surgery	Surgery
61692	Surgery of intracranial arteriovenous malformation; dural, complex	5,510.93	Active	Surgery	Surgery
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	5,370.06	Active	Surgery	Surgery
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	5,180.72	Active	Surgery	Surgery

61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	5,392.82	Active	Surgery	Surgery
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	4,850.43	Active	Surgery	Surgery
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	1,816.69	Active	Surgery	Surgery
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	3,759.99	Active	Surgery	Surgery
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	2,459.01	Active	Surgery	Surgery
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	2,524.11	Active	Surgery	Surgery
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	3,881.72	Active	Surgery	Surgery
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	1,545.71	Active	Surgery	Surgery
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	1,766.15	Active	Surgery	Surgery
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	1,969.37	Active	Surgery	Surgery
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	1,923.84	Active	Surgery	Surgery
61760	Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring	2,197.62	Active	Surgery	Surgery
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	1,956.87	Active	Surgery	Surgery
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	1,160.44	Active	Surgery	Surgery
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	1,525.82	Active	Surgery	Surgery
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	1,865.85	Active	Surgery	Surgery
61795	Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)	380.72	Active	Surgery	Surgery
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	1,356.81	Active	Surgery	Surgery
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	2,173.18	Active	Surgery	Surgery
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	2,167.08	Active	Surgery	Surgery
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	1,225.11	Active	Surgery	Surgery

61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	2,905.43	Active	Surgery	Surgery
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	1,429.71	Active	Surgery	Surgery
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	1,650.19	Active	Surgery	Surgery
61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	1,453.22	Active	Surgery	Surgery
61880	Revision or removal of intracranial neurostimulator electrodes	717.60	Active	Surgery	Surgery
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	712.26	Active	Surgery	Surgery
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	904.95	Active	Surgery	Surgery
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	576.51	Active	Surgery	Surgery
62000	Elevation of depressed skull fracture; simple, extradural	908.03	Active	Surgery	Surgery
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	1,670.69	Active	Surgery	Surgery
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	2,148.02	Active	Surgery	Surgery
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	2,228.11	Active	Surgery	Surgery
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	2,289.22	Active	Surgery	Surgery
62116	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty	2,536.38	Active	Surgery	Surgery
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	2,455.95	Active	Surgery	Surgery
62120	Repair of encephalocele, skull vault, including cranioplasty	2,156.24	Active	Surgery	Surgery
62121	Craniotomy for repair of encephalocele, skull base	2,183.19	Active	Surgery	Surgery
62140	Cranioplasty for skull defect; up to 5 cm diameter	1,470.87	Active	Surgery	Surgery
62141	Cranioplasty for skull defect; larger than 5 cm diameter	1,606.62	Active	Surgery	Surgery
62142	Removal of bone flap or prosthetic plate of skull	1,179.00	Active	Surgery	Surgery
62143	Replacement of bone flap or prosthetic plate of skull	1,424.05	Active	Surgery	Surgery
62145	Cranioplasty for skull defect with reparative brain surgery	1,966.43	Active	Surgery	Surgery
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	1,653.51	Active	Surgery	Surgery
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	1,970.82	Active	Surgery	Surgery
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	199.20	Active	Surgery	Surgery
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	315.95	Active	Surgery	Surgery

62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	2,178.40	Active	Surgery	Surgery
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	2,622.88	Active	Surgery	Surgery
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	0.00	Active	Surgery	Surgery
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	2,627.88	Active	Surgery	Surgery
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	1,924.29	Active	Surgery	Surgery
62180	Ventriculocisternostomy (Torkildsen type operation)	2,194.49	Active	Surgery	Surgery
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	1,206.33	Active	Surgery	Surgery
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	1,313.82	Active	Surgery	Surgery
62194	Replacement or irrigation, subarachnoid/subdural catheter	459.42	Active	Surgery	Surgery
62200	Ventriculocisternostomy, third ventricle;	1,970.05	Active	Surgery	Surgery
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	1,604.23	Active	Surgery	Surgery
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	1,416.32	Active	Surgery	Surgery
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	1,382.72	Active	Surgery	Surgery
62225	Replacement or irrigation, ventricular catheter	616.04	Active	Surgery	Surgery
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	1,147.22	Active	Surgery	Surgery
62252	Reprogramming of programmable cerebrospinal shunt	119.32	Active	Surgery	Surgery
62252	Reprogramming of programmable cerebrospinal shunt	77.68	Active	Surgery	Surgery
62252	Reprogramming of programmable cerebrospinal shunt	41.64	Active	Surgery	Surgery
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	743.71	Active	Surgery	Surgery
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	1,576.00	Active	Surgery	Surgery
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	772.75	Active	Surgery	Surgery
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	503.15	Active	Surgery	Surgery
62268	Percutaneous aspiration, spinal cord cyst or syrinx	676.53	Active	Surgery	Surgery
62269	Biopsy of spinal cord, percutaneous needle	787.25	Active	Surgery	Surgery
62270	Spinal puncture, lumbar, diagnostic	165.86	Active	Surgery	Surgery
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	214.31	Active	Surgery	Surgery
62273	Injection, epidural, of blood or clot patch	208.14	Active	Surgery	Surgery
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	405.02	Active	Surgery	Surgery
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	342.51	Active	Surgery	Surgery

62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	418.90	Active	Surgery	Surgery
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	260.28	Active	Surgery	Surgery
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	636.80	Active	Surgery	Surgery
62290	Injection procedure for diskography, each level; lumbar	415.23	Active	Surgery	Surgery
62291	Injection procedure for diskography, each level; cervical or thoracic	375.16	Active	Surgery	Surgery
62292	Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar	632.13	Active	Surgery	Surgery
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	912.65	Active	Surgery	Surgery
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	268.97	Active	Surgery	Surgery
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	251.83	Active	Surgery	Surgery
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	306.34	Active	Surgery	Surgery
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	271.40	Active	Surgery	Surgery
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	607.23	Active	Surgery	Surgery
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	1,065.70	Active	Surgery	Surgery
62355	Removal of previously implanted intrathecal or epidural catheter	465.37	Active	Surgery	Surgery
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	264.08	Active	Surgery	Surgery
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump	506.33	Active	Surgery	Surgery
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	657.24	Active	Surgery	Surgery

62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	505.16	Active	Surgery	Surgery
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	46.73	Active	Surgery	Surgery
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	66.23	Active	Surgery	Surgery
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; cervical	1,663.16	Active	Surgery	Surgery
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; thoracic	1,673.72	Active	Surgery	Surgery
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis	1,566.82	Active	Surgery	Surgery
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; sacral	1,495.96	Active	Surgery	Surgery
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	1,617.06	Active	Surgery	Surgery
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; cervical	2,068.73	Active	Surgery	Surgery
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; thoracic	2,029.24	Active	Surgery	Surgery
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; lumbar	1,675.76	Active	Surgery	Surgery
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical	1,617.15	Active	Surgery	Surgery
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)	1,329.19	Active	Surgery	Surgery
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	327.90	Active	Surgery	Surgery
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical	2,018.94	Active	Surgery	Surgery

63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar	1,882.51	Active	Surgery	Surgery
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	0.00	Active	Surgery	Surgery
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	0.00	Active	Surgery	Surgery
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; cervical	1,759.90	Active	Surgery	Surgery
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; thoracic	1,648.43	Active	Surgery	Surgery
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; lumbar	1,531.50	Active	Surgery	Surgery
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	322.61	Active	Surgery	Surgery
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	2,112.28	Active	Surgery	Surgery
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)	2,317.15	Active	Surgery	Surgery
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic	2,316.28	Active	Surgery	Surgery
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disk)	2,135.71	Active	Surgery	Surgery
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	529.08	Active	Surgery	Surgery
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment	2,545.58	Active	Surgery	Surgery
63066	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; each additional segment (List separately in addition to code for primary procedure)	317.31	Active	Surgery	Surgery

63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	2,055.93	Active	Surgery	Surgery
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	411.87	Active	Surgery	Surgery
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace	2,053.31	Active	Surgery	Surgery
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	312.17	Active	Surgery	Surgery
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	2,478.39	Active	Surgery	Surgery
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	441.89	Active	Surgery	Surgery
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	2,465.88	Active	Surgery	Surgery
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	294.26	Active	Surgery	Surgery
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	3,273.82	Active	Surgery	Surgery
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	403.13	Active	Surgery	Surgery
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	2,490.38	Active	Surgery	Surgery
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	263.55	Active	Surgery	Surgery
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic, single segment	3,026.47	Active	Surgery	Surgery
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); lumbar, single segment	3,026.47	Active	Surgery	Surgery

63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	412.75	Active	Surgery	Surgery
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	2,108.13	Active	Surgery	Surgery
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	1,906.93	Active	Surgery	Surgery
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	2,377.29	Active	Surgery	Surgery
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments	1,850.87	Active	Surgery	Surgery
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments	2,182.68	Active	Surgery	Surgery
63185	Laminectomy with rhizotomy; one or two segments	1,409.25	Active	Surgery	Surgery
63190	Laminectomy with rhizotomy; more than two segments	1,661.29	Active	Surgery	Surgery
63191	Laminectomy with section of spinal accessory nerve	2,224.60	Active	Surgery	Surgery
63194	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical	1,793.17	Active	Surgery	Surgery
63195	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic	2,039.61	Active	Surgery	Surgery
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical	2,424.63	Active	Surgery	Surgery
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic	2,262.74	Active	Surgery	Surgery
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical	2,500.69	Active	Surgery	Surgery
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic	1,905.19	Active	Surgery	Surgery
63200	Laminectomy, with release of tethered spinal cord, lumbar	2,078.55	Active	Surgery	Surgery
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	4,005.70	Active	Surgery	Surgery
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	4,364.17	Active	Surgery	Surgery
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	4,391.91	Active	Surgery	Surgery
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	2,313.54	Active	Surgery	Surgery
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	2,378.48	Active	Surgery	Surgery
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	1,914.66	Active	Surgery	Surgery
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	1,794.03	Active	Surgery	Surgery
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	2,873.90	Active	Surgery	Surgery
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	2,896.92	Active	Surgery	Surgery
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	2,671.19	Active	Surgery	Surgery
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	2,537.76	Active	Surgery	Surgery
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	2,502.81	Active	Surgery	Surgery
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	2,495.26	Active	Surgery	Surgery
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	2,199.79	Active	Surgery	Surgery

63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	2,102.60	Active	Surgery	Surgery
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	3,048.42	Active	Surgery	Surgery
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	3,013.21	Active	Surgery	Surgery
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	2,841.10	Active	Surgery	Surgery
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	2,670.75	Active	Surgery	Surgery
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	3,835.16	Active	Surgery	Surgery
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	3,823.42	Active	Surgery	Surgery
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	3,918.08	Active	Surgery	Surgery
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	3,887.36	Active	Surgery	Surgery
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	478.54	Active	Surgery	Surgery
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	2,582.93	Active	Surgery	Surgery
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	2,658.20	Active	Surgery	Surgery
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	2,702.21	Active	Surgery	Surgery
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	2,702.12	Active	Surgery	Surgery
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	3,013.06	Active	Surgery	Surgery
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	2,988.31	Active	Surgery	Surgery
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	3,450.60	Active	Surgery	Surgery
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	2,707.58	Active	Surgery	Surgery
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	539.99	Active	Surgery	Surgery
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	1,048.18	Active	Surgery	Surgery
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	2,594.22	Active	Surgery	Surgery
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	1,511.41	Active	Surgery	Surgery
63650	Percutaneous implantation of neurostimulator electrode array, epidural	488.48	Active	Surgery	Surgery
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	1,103.14	Active	Surgery	Surgery

63660	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)	523.36	Active	Surgery	Surgery
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	626.65	Active	Surgery	Surgery
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	508.15	Active	Surgery	Surgery
63700	Repair of meningocele; less than 5 cm diameter	1,678.16	Active	Surgery	Surgery
63702	Repair of meningocele; larger than 5 cm diameter	1,891.52	Active	Surgery	Surgery
63704	Repair of myelomeningocele; less than 5 cm diameter	2,150.72	Active	Surgery	Surgery
63706	Repair of myelomeningocele; larger than 5 cm diameter	2,590.39	Active	Surgery	Surgery
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	1,186.37	Active	Surgery	Surgery
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	1,477.18	Active	Surgery	Surgery
63710	Dural graft, spinal	1,508.90	Active	Surgery	Surgery
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	1,252.34	Active	Surgery	Surgery
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	806.74	Active	Surgery	Surgery
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	858.70	Active	Surgery	Surgery
63746	Removal of entire lumbosubarachnoid shunt system without replacement	672.84	Active	Surgery	Surgery
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	125.14	Active	Surgery	Surgery
64402	Injection, anesthetic agent; facial nerve	124.55	Active	Surgery	Surgery
64405	Injection, anesthetic agent; greater occipital nerve	120.55	Active	Surgery	Surgery
64408	Injection, anesthetic agent; vagus nerve	132.04	Active	Surgery	Surgery
64410	Injection, anesthetic agent; phrenic nerve	163.34	Active	Surgery	Surgery
64412	Injection, anesthetic agent; spinal accessory nerve	156.20	Active	Surgery	Surgery
64413	Injection, anesthetic agent; cervical plexus	137.44	Active	Surgery	Surgery
64415	Injection, anesthetic agent; brachial plexus, single	175.85	Active	Surgery	Surgery
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	229.76	Active	Surgery	Surgery
64417	Injection, anesthetic agent; axillary nerve	185.66	Active	Surgery	Surgery
64418	Injection, anesthetic agent; suprascapular nerve	159.31	Active	Surgery	Surgery
64420	Injection, anesthetic agent; intercostal nerve, single	198.81	Active	Surgery	Surgery
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	301.82	Active	Surgery	Surgery
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	154.15	Active	Surgery	Surgery
64430	Injection, anesthetic agent; pudendal nerve	166.72	Active	Surgery	Surgery
64435	Injection, anesthetic agent; paracervical (uterine) nerve	177.25	Active	Surgery	Surgery
64445	Injection, anesthetic agent; sciatic nerve, single	173.11	Active	Surgery	Surgery
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, (including catheter placement) including daily management for anesthetic agent administration	207.45	Active	Surgery	Surgery
64447	Injection, anesthetic agent; femoral nerve, single	94.24	Active	Surgery	Surgery
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	186.76	Active	Surgery	Surgery

64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	186.66	Active	Surgery	Surgery
64450	Injection, anesthetic agent; other peripheral nerve or branch	119.64	Active	Surgery	Surgery
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level	348.85	Active	Surgery	Surgery
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	149.76	Active	Surgery	Surgery
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level	316.35	Active	Surgery	Surgery
64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	127.61	Active	Surgery	Surgery
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	374.43	Active	Surgery	Surgery
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	181.54	Active	Surgery	Surgery
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	373.83	Active	Surgery	Surgery
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	184.37	Active	Surgery	Surgery
64505	Injection, anesthetic agent; sphenopalatine ganglion	118.15	Active	Surgery	Surgery
64508	Injection, anesthetic agent; carotid sinus (separate procedure)	175.10	Active	Surgery	Surgery
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	183.84	Active	Surgery	Surgery
64517	Injection, anesthetic agent; superior hypogastric plexus	207.07	Active	Surgery	Surgery
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	249.65	Active	Surgery	Surgery
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	239.01	Active	Surgery	Surgery
64550	Application of surface (transcutaneous) neurostimulator	19.08	Active	Surgery	Surgery
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	227.90	Active	Surgery	Surgery
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	237.33	Active	Surgery	Surgery
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve	230.15	Active	Surgery	Surgery
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	1,418.94	Active	Surgery	Surgery
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	211.39	Active	Surgery	Surgery
64573	Incision for implantation of neurostimulator electrodes; cranial nerve	781.74	Active	Surgery	Surgery
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	384.20	Active	Surgery	Surgery
64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	492.73	Active	Surgery	Surgery
64580	Incision for implantation of neurostimulator electrodes; neuromuscular	360.79	Active	Surgery	Surgery
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	942.45	Active	Surgery	Surgery

64585	Revision or removal of peripheral neurostimulator electrodes	514.29	Active	Surgery	Surgery
64590	Insertion or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling	383.13	Active	Surgery	Surgery
64595	Revision or removal of peripheral neurostimulator pulse generator or receiver	467.73	Active	Surgery	Surgery
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	530.54	Active	Surgery	Surgery
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	708.34	Active	Surgery	Surgery
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	889.58	Active	Surgery	Surgery
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	188.60	Active	Surgery	Surgery
64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	204.19	Active	Surgery	Surgery
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	222.62	Active	Surgery	Surgery
64620	Destruction by neurolytic agent, intercostal nerve	331.11	Active	Surgery	Surgery
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	428.23	Active	Surgery	Surgery
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	155.36	Active	Surgery	Surgery
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level	444.30	Active	Surgery	Surgery
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	218.71	Active	Surgery	Surgery
64630	Destruction by neurolytic agent; pudendal nerve	260.69	Active	Surgery	Surgery
64640	Destruction by neurolytic agent; other peripheral nerve or branch	313.14	Active	Surgery	Surgery
64650	Chemodenervation of eccrine glands; both axillae	70.35	Active	Surgery	Surgery
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	83.23	Active	Surgery	Surgery
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	375.78	Active	Surgery	Surgery
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	522.09	Active	Surgery	Surgery
64702	Neuroplasty; digital, one or both, same digit	420.35	Active	Surgery	Surgery
64704	Neuroplasty; nerve of hand or foot	415.68	Active	Surgery	Surgery
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	596.78	Active	Surgery	Surgery
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	667.42	Active	Surgery	Surgery
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	990.06	Active	Surgery	Surgery
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	792.21	Active	Surgery	Surgery
64716	Neuroplasty and/or transposition; cranial nerve (specify)	585.31	Active	Surgery	Surgery
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	646.67	Active	Surgery	Surgery
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	497.71	Active	Surgery	Surgery
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	496.40	Active	Surgery	Surgery
64722	Decompression; unspecified nerve(s) (specify)	388.85	Active	Surgery	Surgery
64726	Decompression; plantar digital nerve	368.80	Active	Surgery	Surgery

64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	267.90	Active	Surgery	Surgery
64732	Transection or avulsion of; supraorbital nerve	480.86	Active	Surgery	Surgery
64734	Transection or avulsion of; infraorbital nerve	505.59	Active	Surgery	Surgery
64736	Transection or avulsion of; mental nerve	425.64	Active	Surgery	Surgery
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	592.82	Active	Surgery	Surgery
64740	Transection or avulsion of; lingual nerve	535.66	Active	Surgery	Surgery
64742	Transection or avulsion of; facial nerve, differential or complete	554.83	Active	Surgery	Surgery
64744	Transection or avulsion of; greater occipital nerve	557.13	Active	Surgery	Surgery
64746	Transection or avulsion of; phrenic nerve	551.53	Active	Surgery	Surgery
64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic	611.15	Active	Surgery	Surgery
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	1,090.11	Active	Surgery	Surgery
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	556.96	Active	Surgery	Surgery
64761	Transection or avulsion of; pudendal nerve	486.65	Active	Surgery	Surgery
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	639.29	Active	Surgery	Surgery
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	735.82	Active	Surgery	Surgery
64771	Transection or avulsion of other cranial nerve, extradural	720.76	Active	Surgery	Surgery
64772	Transection or avulsion of other spinal nerve, extradural	722.70	Active	Surgery	Surgery
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	482.04	Active	Surgery	Surgery
64776	Excision of neuroma; digital nerve, one or both, same digit	478.26	Active	Surgery	Surgery
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	264.79	Active	Surgery	Surgery
64782	Excision of neuroma; hand or foot, except digital nerve	546.00	Active	Surgery	Surgery
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	310.78	Active	Surgery	Surgery
64784	Excision of neuroma; major peripheral nerve, except sciatic	887.78	Active	Surgery	Surgery
64786	Excision of neuroma; sciatic nerve	1,454.07	Active	Surgery	Surgery
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	357.73	Active	Surgery	Surgery
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	443.77	Active	Surgery	Surgery
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	1,098.72	Active	Surgery	Surgery
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	1,375.04	Active	Surgery	Surgery
64795	Biopsy of nerve	273.24	Active	Surgery	Surgery
64802	Sympathectomy, cervical	792.61	Active	Surgery	Surgery
64804	Sympathectomy, cervicothoracic	1,245.26	Active	Surgery	Surgery
64809	Sympathectomy, thoracolumbar	1,042.65	Active	Surgery	Surgery
64818	Sympathectomy, lumbar	853.44	Active	Surgery	Surgery
64820	Sympathectomy; digital arteries, each digit	948.41	Active	Surgery	Surgery
64821	Sympathectomy; radial artery	843.76	Active	Surgery	Surgery
64822	Sympathectomy; ulnar artery	850.55	Active	Surgery	Surgery
64823	Sympathectomy; superficial palmar arch	997.54	Active	Surgery	Surgery

64831	Suture of digital nerve, hand or foot; one nerve	893.63	Active	Surgery	Surgery
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	491.02	Active	Surgery	Surgery
64834	Suture of one nerve, hand or foot; common sensory nerve	948.59	Active	Surgery	Surgery
64835	Suture of one nerve, hand or foot; median motor thenar	1,034.68	Active	Surgery	Surgery
64836	Suture of one nerve, hand or foot; ulnar motor	1,023.04	Active	Surgery	Surgery
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	548.00	Active	Surgery	Surgery
64840	Suture of posterior tibial nerve	1,078.45	Active	Surgery	Surgery
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	1,276.53	Active	Surgery	Surgery
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	1,337.20	Active	Surgery	Surgery
64858	Suture of sciatic nerve	1,659.18	Active	Surgery	Surgery
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	374.36	Active	Surgery	Surgery
64861	Suture of; brachial plexus	1,942.24	Active	Surgery	Surgery
64862	Suture of; lumbar plexus	1,996.88	Active	Surgery	Surgery
64864	Suture of facial nerve; extracranial	1,057.15	Active	Surgery	Surgery
64865	Suture of facial nerve; infratemporal, with or without grafting	1,378.59	Active	Surgery	Surgery
64866	Anastomosis; facial-spinal accessory	1,482.68	Active	Surgery	Surgery
64868	Anastomosis; facial-hypoglossal	1,242.71	Active	Surgery	Surgery
64870	Anastomosis; facial-phrenic	1,208.35	Active	Surgery	Surgery
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	172.83	Active	Surgery	Surgery
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	253.26	Active	Surgery	Surgery
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	286.21	Active	Surgery	Surgery
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	1,431.14	Active	Surgery	Surgery
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	1,714.41	Active	Surgery	Surgery
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	1,391.73	Active	Surgery	Surgery
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	1,233.16	Active	Surgery	Surgery
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	1,363.23	Active	Surgery	Surgery
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	1,462.80	Active	Surgery	Surgery
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	1,602.43	Active	Surgery	Surgery
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	1,805.20	Active	Surgery	Surgery
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	1,590.43	Active	Surgery	Surgery
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	1,722.48	Active	Surgery	Surgery
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	856.43	Active	Surgery	Surgery
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	980.59	Active	Surgery	Surgery
64905	Nerve pedicle transfer; first stage	1,240.38	Active	Surgery	Surgery

64907	Nerve pedicle transfer; second stage	1,788.68	Active	Surgery	Surgery
64999	Unlisted procedure, nervous system	0.00	Active	Surgery	Surgery
65091	Evisceration of ocular contents; without implant	619.34	Active	Surgery	Surgery
65093	Evisceration of ocular contents; with implant	653.03	Active	Surgery	Surgery
65101	Enucleation of eye; without implant	689.63	Active	Surgery	Surgery
65103	Enucleation of eye; with implant, muscles not attached to implant	723.28	Active	Surgery	Surgery
65105	Enucleation of eye; with implant, muscles attached to implant	796.32	Active	Surgery	Surgery
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	1,207.31	Active	Surgery	Surgery
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	1,482.25	Active	Surgery	Surgery
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	1,488.27	Active	Surgery	Surgery
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	471.44	Active	Surgery	Surgery
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	682.23	Active	Surgery	Surgery
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	696.81	Active	Surgery	Surgery
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	752.46	Active	Surgery	Surgery
65150	Reinsertion of ocular implant; with or without conjunctival graft	595.94	Active	Surgery	Surgery
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	818.34	Active	Surgery	Surgery
65175	Removal of ocular implant	614.46	Active	Surgery	Surgery
65205	Removal of foreign body, external eye; conjunctival superficial	57.50	Active	Surgery	Surgery
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	70.66	Active	Surgery	Surgery
65220	Removal of foreign body, external eye; corneal, without slit lamp	61.03	Active	Surgery	Surgery
65222	Removal of foreign body, external eye; corneal, with slit lamp	77.23	Active	Surgery	Surgery
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	619.35	Active	Surgery	Surgery
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	898.82	Active	Surgery	Surgery
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	1,010.20	Active	Surgery	Surgery
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	277.80	Active	Surgery	Surgery
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	462.52	Active	Surgery	Surgery
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	347.24	Active	Surgery	Surgery
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	490.69	Active	Surgery	Surgery
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	607.25	Active	Surgery	Surgery
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	978.00	Active	Surgery	Surgery
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	667.32	Active	Surgery	Surgery

65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	447.74	Active	Surgery	Surgery
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	598.19	Active	Surgery	Surgery
65410	Biopsy of cornea	147.99	Active	Surgery	Surgery
65420	Excision or transposition of pterygium; without graft	520.70	Active	Surgery	Surgery
65426	Excision or transposition of pterygium; with graft	619.18	Active	Surgery	Surgery
65430	Scraping of cornea, diagnostic, for smear and/or culture	119.23	Active	Surgery	Surgery
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	80.62	Active	Surgery	Surgery
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	355.95	Active	Surgery	Surgery
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	307.93	Active	Surgery	Surgery
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	347.34	Active	Surgery	Surgery
65710	Keratoplasty (corneal transplant); lamellar	1,018.38	Active	Surgery	Surgery
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia)	1,143.06	Active	Surgery	Surgery
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	1,180.12	Active	Surgery	Surgery
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	1,170.93	Active	Surgery	Surgery
65760	Keratomileusis	0.00	Active	Surgery	Surgery
65765	Keratophakia	0.00	Active	Surgery	Surgery
65767	Epikeratoplasty	0.00	Active	Surgery	Surgery
65770	Keratoprosthesis	1,353.91	Active	Surgery	Surgery
65771	Radial keratotomy	0.00	Active	Surgery	Surgery
65772	Corneal relaxing incision for correction of surgically induced astigmatism	410.41	Active	Surgery	Surgery
65775	Corneal wedge resection for correction of surgically induced astigmatism	500.78	Active	Surgery	Surgery
65780	Ocular surface reconstruction; amniotic membrane transplantation	867.99	Active	Surgery	Surgery
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	1,298.87	Active	Surgery	Surgery
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	1,127.81	Active	Surgery	Surgery
65800	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous	159.05	Active	Surgery	Surgery
65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	172.21	Active	Surgery	Surgery
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	411.15	Active	Surgery	Surgery
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	604.83	Active	Surgery	Surgery
65820	Goniotomy	728.71	Active	Surgery	Surgery
65850	Trabeculotomy ab externo	829.11	Active	Surgery	Surgery
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	345.66	Active	Surgery	Surgery
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	321.85	Active	Surgery	Surgery
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	481.31	Active	Surgery	Surgery

65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	542.32	Active	Surgery	Surgery
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	568.68	Active	Surgery	Surgery
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	605.56	Active	Surgery	Surgery
65900	Removal of epithelial downgrowth, anterior chamber of eye	913.03	Active	Surgery	Surgery
65920	Removal of implanted material, anterior segment of eye	711.06	Active	Surgery	Surgery
65930	Removal of blood clot, anterior segment of eye	616.97	Active	Surgery	Surgery
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	189.82	Active	Surgery	Surgery
66030	Injection, anterior chamber of eye (separate procedure); medication	166.36	Active	Surgery	Surgery
66130	Excision of lesion, sclera	726.31	Active	Surgery	Surgery
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	758.63	Active	Surgery	Surgery
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	747.64	Active	Surgery	Surgery
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	871.74	Active	Surgery	Surgery
66165	Fistulization of sclera for glaucoma; iridencleisis or iridotasis	730.22	Active	Surgery	Surgery
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	1,044.26	Active	Surgery	Surgery
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	1,294.06	Active	Surgery	Surgery
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	1,113.86	Active	Surgery	Surgery
66185	Revision of aqueous shunt to extraocular reservoir	670.93	Active	Surgery	Surgery
66220	Repair of scleral staphyloma; without graft	645.58	Active	Surgery	Surgery
66225	Repair of scleral staphyloma; with graft	867.22	Active	Surgery	Surgery
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	711.56	Active	Surgery	Surgery
66500	Iridotomy by stab incision (separate procedure); except transfixion	349.40	Active	Surgery	Surgery
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	380.71	Active	Surgery	Surgery
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	728.17	Active	Surgery	Surgery
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	1,024.38	Active	Surgery	Surgery
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	426.72	Active	Surgery	Surgery
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	513.42	Active	Surgery	Surgery
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	518.27	Active	Surgery	Surgery
66680	Repair of iris, ciliary body (as for iridodialysis)	460.65	Active	Surgery	Surgery
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	546.71	Active	Surgery	Surgery
66700	Ciliary body destruction; diathermy	426.40	Active	Surgery	Surgery
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	421.86	Active	Surgery	Surgery

66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	557.02	Active	Surgery	Surgery
66720	Ciliary body destruction; cryotherapy	448.98	Active	Surgery	Surgery
66740	Ciliary body destruction; cycloodialysis	419.09	Active	Surgery	Surgery
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)	401.42	Active	Surgery	Surgery
66762	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	430.37	Active	Surgery	Surgery
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	475.95	Active	Surgery	Surgery
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	399.66	Active	Surgery	Surgery
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)	260.87	Active	Surgery	Surgery
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	733.29	Active	Surgery	Surgery
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	651.50	Active	Surgery	Surgery
66840	Removal of lens material; aspiration technique, one or more stages	641.42	Active	Surgery	Surgery
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	729.80	Active	Surgery	Surgery
66852	Removal of lens material; pars plana approach, with or without vitrectomy	789.18	Active	Surgery	Surgery
66920	Removal of lens material; intracapsular	705.68	Active	Surgery	Surgery
66930	Removal of lens material; intracapsular, for dislocated lens	799.03	Active	Surgery	Surgery
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	717.27	Active	Surgery	Surgery
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	1,024.14	Active	Surgery	Surgery
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	616.95	Active	Surgery	Surgery
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	758.53	Active	Surgery	Surgery
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	676.86	Active	Surgery	Surgery
66986	Exchange of intraocular lens	943.32	Active	Surgery	Surgery
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	100.14	Active	Surgery	Surgery
66999	Unlisted procedure, anterior segment of eye	0.00	Active	Surgery	Surgery
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	458.87	Active	Surgery	Surgery
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	538.36	Active	Surgery	Surgery

67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	576.50	Active	Surgery	Surgery
67025	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure)	669.43	Active	Surgery	Surgery
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	831.36	Active	Surgery	Surgery
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	221.68	Active	Surgery	Surgery
67030	Dissection of vitreous strands (without removal), pars plana approach	450.07	Active	Surgery	Surgery
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)	346.32	Active	Surgery	Surgery
67036	Vitrectomy, mechanical, pars plana approach;	921.56	Active	Surgery	Surgery
67038	Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping	1,618.94	Active	Surgery	Surgery
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	1,162.14	Active	Surgery	Surgery
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	1,353.05	Active	Surgery	Surgery
67101	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid	700.45	Active	Surgery	Surgery
67105	Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid	659.00	Active	Surgery	Surgery
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid	1,148.37	Active	Surgery	Surgery
67108	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	1,560.58	Active	Surgery	Surgery
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	805.42	Active	Surgery	Surgery
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	1,268.73	Active	Surgery	Surgery
67115	Release of encircling material (posterior segment)	431.16	Active	Surgery	Surgery
67120	Removal of implanted material, posterior segment; extraocular	601.70	Active	Surgery	Surgery
67121	Removal of implanted material, posterior segment; intraocular	840.34	Active	Surgery	Surgery
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy	468.83	Active	Surgery	Surgery
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)	473.28	Active	Surgery	Surgery
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy	554.00	Active	Surgery	Surgery
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation	678.70	Active	Surgery	Surgery

67218	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)	1,367.40	Active	Surgery	Surgery
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions	1,031.42	Active	Surgery	Surgery
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	0.00	Active	Surgery	Surgery
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	32.07	Active	Surgery	Surgery
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy	564.86	Active	Surgery	Surgery
67228	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc)	1,048.11	Active	Surgery	Surgery
67250	Scleral reinforcement (separate procedure); without graft	767.65	Active	Surgery	Surgery
67255	Scleral reinforcement (separate procedure); with graft	797.45	Active	Surgery	Surgery
67299	Unlisted procedure, posterior segment	0.00	Active	Surgery	Surgery
67311	Strabismus surgery, recession or resection procedure; one horizontal muscle	555.49	Active	Surgery	Surgery
67312	Strabismus surgery, recession or resection procedure; two horizontal muscles	671.33	Active	Surgery	Surgery
67314	Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)	614.18	Active	Surgery	Surgery
67316	Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)	755.29	Active	Surgery	Surgery
67318	Strabismus surgery, any procedure, superior oblique muscle	644.84	Active	Surgery	Surgery
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	289.50	Active	Surgery	Surgery
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	272.16	Active	Surgery	Surgery
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	300.46	Active	Surgery	Surgery
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	265.62	Active	Surgery	Surgery
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	167.09	Active	Surgery	Surgery
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	328.84	Active	Surgery	Surgery
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	602.07	Active	Surgery	Surgery
67345	Chemodenervation of extraocular muscle	244.97	Active	Surgery	Surgery
67350	Biopsy of extraocular muscle	213.03	Active	Surgery	Surgery
67399	Unlisted procedure, ocular muscle	0.00	Active	Surgery	Surgery
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	902.49	Active	Surgery	Surgery

67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	752.26	Active	Surgery	Surgery
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	865.92	Active	Surgery	Surgery
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	885.07	Active	Surgery	Surgery
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	1,002.94	Active	Surgery	Surgery
67415	Fine needle aspiration of orbital contents	116.67	Active	Surgery	Surgery
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	1,654.64	Active	Surgery	Surgery
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	1,234.72	Active	Surgery	Surgery
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	1,171.94	Active	Surgery	Surgery
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	1,251.41	Active	Surgery	Surgery
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	1,201.07	Active	Surgery	Surgery
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	65.46	Active	Surgery	Surgery
67505	Retrobulbar injection; alcohol	67.42	Active	Surgery	Surgery
67515	Injection of medication or other substance into Tenon's capsule	51.54	Active	Surgery	Surgery
67550	Orbital implant (implant outside muscle cone); insertion	949.91	Active	Surgery	Surgery
67560	Orbital implant (implant outside muscle cone); removal or revision	948.48	Active	Surgery	Surgery
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	1,165.57	Active	Surgery	Surgery
67599	Unlisted procedure, orbit	0.00	Active	Surgery	Surgery
67700	Blepharotomy, drainage of abscess, eyelid	278.72	Active	Surgery	Surgery
67710	Severing of tarsorrhaphy	238.70	Active	Surgery	Surgery
67715	Canthotomy (separate procedure)	248.93	Active	Surgery	Surgery
67800	Excision of chalazion; single	126.86	Active	Surgery	Surgery
67801	Excision of chalazion; multiple, same lid	163.67	Active	Surgery	Surgery
67805	Excision of chalazion; multiple, different lids	200.98	Active	Surgery	Surgery
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	324.83	Active	Surgery	Surgery
67810	Biopsy of eyelid	188.91	Active	Surgery	Surgery
67820	Correction of trichiasis; epilation, by forceps only	65.50	Active	Surgery	Surgery
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	131.02	Active	Surgery	Surgery
67830	Correction of trichiasis; incision of lid margin	278.31	Active	Surgery	Surgery
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	444.63	Active	Surgery	Surgery
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	294.15	Active	Surgery	Surgery
67850	Destruction of lesion of lid margin (up to 1 cm)	200.95	Active	Surgery	Surgery
67875	Temporary closure of eyelids by suture (eg, Frost suture)	184.14	Active	Surgery	Surgery
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	423.57	Active	Surgery	Surgery
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	523.23	Active	Surgery	Surgery
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	641.34	Active	Surgery	Surgery
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	595.77	Active	Surgery	Surgery

67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	691.36	Active	Surgery	Surgery
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	684.30	Active	Surgery	Surgery
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	671.47	Active	Surgery	Surgery
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	554.79	Active	Surgery	Surgery
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	496.42	Active	Surgery	Surgery
67909	Reduction of overcorrection of ptosis	561.65	Active	Surgery	Surgery
67911	Correction of lid retraction	443.21	Active	Surgery	Surgery
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	946.84	Active	Surgery	Surgery
67914	Repair of ectropion; suture	409.14	Active	Surgery	Surgery
67915	Repair of ectropion; thermocauterization	370.64	Active	Surgery	Surgery
67916	Repair of ectropion; excision tarsal wedge	553.23	Active	Surgery	Surgery
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	611.60	Active	Surgery	Surgery
67921	Repair of entropion; suture	388.57	Active	Surgery	Surgery
67922	Repair of entropion; thermocauterization	361.37	Active	Surgery	Surgery
67923	Repair of entropion; excision tarsal wedge	583.30	Active	Surgery	Surgery
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	607.55	Active	Surgery	Surgery
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	384.35	Active	Surgery	Surgery
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	627.44	Active	Surgery	Surgery
67938	Removal of embedded foreign body, eyelid	253.93	Active	Surgery	Surgery
67950	Canthoplasty (reconstruction of canthus)	609.38	Active	Surgery	Surgery
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	600.31	Active	Surgery	Surgery
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	660.19	Active	Surgery	Surgery
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage	760.23	Active	Surgery	Surgery
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage	999.63	Active	Surgery	Surgery
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage	995.59	Active	Surgery	Surgery
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	715.58	Active	Surgery	Surgery
67999	Unlisted procedure, eyelids	0.00	Active	Surgery	Surgery
68020	Incision of conjunctiva, drainage of cyst	117.39	Active	Surgery	Surgery
68040	Expression of conjunctival follicles (eg, for trachoma)	67.61	Active	Surgery	Surgery
68100	Biopsy of conjunctiva	182.41	Active	Surgery	Surgery
68110	Excision of lesion, conjunctiva; up to 1 cm	233.15	Active	Surgery	Surgery

68115	Excision of lesion, conjunctiva; over 1 cm	328.19	Active	Surgery	Surgery
68130	Excision of lesion, conjunctiva; with adjacent sclera	553.30	Active	Surgery	Surgery
68135	Destruction of lesion, conjunctiva	156.78	Active	Surgery	Surgery
68200	Subconjunctival injection	42.96	Active	Surgery	Surgery
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	666.25	Active	Surgery	Surgery
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	615.90	Active	Surgery	Surgery
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	586.61	Active	Surgery	Surgery
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	694.24	Active	Surgery	Surgery
68330	Repair of symblepharon; conjunctivoplasty, without graft	573.32	Active	Surgery	Surgery
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	589.03	Active	Surgery	Surgery
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	521.40	Active	Surgery	Surgery
68360	Conjunctival flap; bridge or partial (separate procedure)	502.52	Active	Surgery	Surgery
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	596.07	Active	Surgery	Surgery
68371	Harvesting conjunctival allograft, living donor	448.79	Active	Surgery	Surgery
68399	Unlisted procedure, conjunctiva	0.00	Active	Surgery	Surgery
68400	Incision, drainage of lacrimal gland	290.71	Active	Surgery	Surgery
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	331.86	Active	Surgery	Surgery
68440	Snip incision of lacrimal punctum	121.00	Active	Surgery	Surgery
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	900.59	Active	Surgery	Surgery
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	929.08	Active	Surgery	Surgery
68510	Biopsy of lacrimal gland	489.84	Active	Surgery	Surgery
68520	Excision of lacrimal sac (dacryocystectomy)	640.37	Active	Surgery	Surgery
68525	Biopsy of lacrimal sac	296.16	Active	Surgery	Surgery
68530	Removal of foreign body or dacryolith, lacrimal passages	469.92	Active	Surgery	Surgery
68540	Excision of lacrimal gland tumor; frontal approach	865.75	Active	Surgery	Surgery
68550	Excision of lacrimal gland tumor; involving osteotomy	1,095.64	Active	Surgery	Surgery
68700	Plastic repair of canaliculi	543.15	Active	Surgery	Surgery
68705	Correction of everted punctum, cautery	249.61	Active	Surgery	Surgery
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	729.31	Active	Surgery	Surgery
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	729.49	Active	Surgery	Surgery
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	729.06	Active	Surgery	Surgery
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	212.06	Active	Surgery	Surgery
68761	Closure of the lacrimal punctum; by plug, each	147.11	Active	Surgery	Surgery
68770	Closure of lacrimal fistula (separate procedure)	468.87	Active	Surgery	Surgery
68801	Dilation of lacrimal punctum, with or without irrigation	116.15	Active	Surgery	Surgery
68810	Probing of nasolacrimal duct, with or without irrigation;	225.18	Active	Surgery	Surgery
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	206.21	Active	Surgery	Surgery
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	451.55	Active	Surgery	Surgery
68840	Probing of lacrimal canaliculi, with or without irrigation	118.90	Active	Surgery	Surgery
68850	Injection of contrast medium for dacryocystography	71.39	Active	Surgery	Surgery
68899	Unlisted procedure, lacrimal system	0.00	Active	Surgery	Surgery

69000	Drainage external ear, abscess or hematoma; simple	182.65	Active	Surgery	Surgery
69005	Drainage external ear, abscess or hematoma; complicated	221.14	Active	Surgery	Surgery
69020	Drainage external auditory canal, abscess	0.00	Active	Surgery	Surgery
69090	Ear piercing	0.00	Active	Surgery	Surgery
69100	Biopsy external ear	98.80	Active	Surgery	Surgery
69105	Biopsy external auditory canal	129.73	Active	Surgery	Surgery
69110	Excision external ear; partial, simple repair	432.28	Active	Surgery	Surgery
69120	Excision external ear; complete amputation	452.82	Active	Surgery	Surgery
69140	Excision exostosis(es), external auditory canal	913.00	Active	Surgery	Surgery
69145	Excision soft tissue lesion, external auditory canal	348.86	Active	Surgery	Surgery
69150	Radical excision external auditory canal lesion; without neck dissection	1,248.40	Active	Surgery	Surgery
69155	Radical excision external auditory canal lesion; with neck dissection	1,896.81	Active	Surgery	Surgery
69200	Removal foreign body from external auditory canal; without general anesthesia	125.97	Active	Surgery	Surgery
69205	Removal foreign body from external auditory canal; with general anesthesia	115.54	Active	Surgery	Surgery
69210	Removal impacted cerumen (separate procedure), one or both ears	56.46	Active	Surgery	Surgery
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	129.58	Active	Surgery	Surgery
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	214.14	Active	Surgery	Surgery
69300	Otoplasty, protruding ear, with or without size reduction	542.35	Active	Surgery	Surgery
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	1,171.48	Active	Surgery	Surgery
69320	Reconstruction external auditory canal for congenital atresia, single stage	1,716.89	Active	Surgery	Surgery
69399	Unlisted procedure, external ear	0.00	Active	Surgery	Surgery
69400	Eustachian tube inflation, transnasal; with catheterization	122.65	Active	Surgery	Surgery
69401	Eustachian tube inflation, transnasal; without catheterization	78.44	Active	Surgery	Surgery
69405	Eustachian tube catheterization, transtympanic	269.95	Active	Surgery	Surgery
69420	Myringotomy including aspiration and/or eustachian tube inflation	185.16	Active	Surgery	Surgery
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	174.85	Active	Surgery	Surgery
69424	Ventilating tube removal requiring general anesthesia	124.19	Active	Surgery	Surgery
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	194.66	Active	Surgery	Surgery
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	196.15	Active	Surgery	Surgery
69440	Middle ear exploration through postauricular or ear canal incision	732.42	Active	Surgery	Surgery
69450	Tympanolysis, transcanal	558.93	Active	Surgery	Surgery
69501	Transmastoid antrotomy (simple mastoidectomy)	825.04	Active	Surgery	Surgery
69502	Mastoidectomy; complete	1,102.07	Active	Surgery	Surgery
69505	Mastoidectomy; modified radical	1,331.40	Active	Surgery	Surgery
69511	Mastoidectomy; radical	1,370.59	Active	Surgery	Surgery
69530	Petrous apicectomy including radical mastoidectomy	1,833.98	Active	Surgery	Surgery
69535	Resection temporal bone, external approach	3,152.85	Active	Surgery	Surgery
69540	Excision aural polyp	198.34	Active	Surgery	Surgery
69550	Excision aural glomus tumor; transcanal	1,137.46	Active	Surgery	Surgery
69552	Excision aural glomus tumor; transmastoid	1,820.97	Active	Surgery	Surgery

69554	Excision aural glomus tumor; extended (extratemporal)	2,968.56	Active	Surgery	Surgery
69601	Revision mastoidectomy; resulting in complete mastoidectomy	1,188.57	Active	Surgery	Surgery
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	1,227.66	Active	Surgery	Surgery
69603	Revision mastoidectomy; resulting in radical mastoidectomy	1,431.40	Active	Surgery	Surgery
69604	Revision mastoidectomy; resulting in tympanoplasty	1,269.27	Active	Surgery	Surgery
69605	Revision mastoidectomy; with apicectomy	1,773.74	Active	Surgery	Surgery
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	443.53	Active	Surgery	Surgery
69620	Myringoplasty (surgery confined to drumhead and donor area)	719.80	Active	Surgery	Surgery
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	947.05	Active	Surgery	Surgery
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	1,188.49	Active	Surgery	Surgery
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))	1,137.61	Active	Surgery	Surgery
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	1,335.49	Active	Surgery	Surgery
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	1,530.98	Active	Surgery	Surgery
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))	1,521.79	Active	Surgery	Surgery
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	1,162.90	Active	Surgery	Surgery
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	1,517.08	Active	Surgery	Surgery
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	1,381.08	Active	Surgery	Surgery
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	1,667.42	Active	Surgery	Surgery
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	1,622.66	Active	Surgery	Surgery

69915	Vestibular nerve section, translabyrinthine approach	1,767.32	Active	Surgery	Surgery
69930	Cochlear device implantation, with or without mastoidectomy	1,462.46	Active	Surgery	Surgery
69949	Unlisted procedure, inner ear	0.00	Active	Surgery	Surgery
69950	Vestibular nerve section, transcranial approach	2,142.21	Active	Surgery	Surgery
69955	Total facial nerve decompression and/or repair (may include graft)	2,323.03	Active	Surgery	Surgery
69960	Decompression internal auditory canal	2,222.18	Active	Surgery	Surgery
69970	Removal of tumor, temporal bone	2,502.96	Active	Surgery	Surgery
69979	Unlisted procedure, temporal bone, middle fossa approach	0.00	Active	Surgery	Surgery
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	365.96	Active	Surgery	Surgery



Federal Register

Wednesday,
January 17, 2001

Part VI

Department of Education

34 CFR Part 361

State Vocational Rehabilitation Services
Program; Final Rule

DEPARTMENT OF EDUCATION

34 CFR Part 361

RIN 1820-AB50

State Vocational Rehabilitation Services Program

AGENCY: Office of Special Education and Rehabilitative Services, Department of Education.

ACTION: Final regulations.

SUMMARY: The Secretary amends the regulations governing the State Vocational Rehabilitation Services Program. These amendments implement changes to the Rehabilitation Act of 1973 made by the Rehabilitation Act Amendments of 1998 that were contained in Title IV of the Workforce Investment Act of 1998 (WIA), enacted on August 7, 1998, and as further amended in 1998 by technical amendments in the Reading Excellence Act and the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1998 (hereinafter collectively referred to as the 1998 Amendments).

DATES: These regulations are effective February 16, 2001. However, affected parties do not have to comply with the information collection requirements in §§ 361.10, 361.12, 361.13, 361.14, 361.15, 361.16, 361.17, 361.18, 361.19, 361.20, 361.21, 361.22, 361.23, 361.24, 361.25, 361.26, 361.27, 361.28, 361.29, 361.30, 361.31, 361.32, 361.34, 361.35, 361.36, 361.37, 361.38, 361.40, 361.41, 361.46, 361.47, 361.48, 361.49, 361.50, 361.51, 361.52, 361.53, 361.54, 361.55, 361.57, 361.60 and 361.62 until the Department of Education publishes in the *Federal Register* the control numbers assigned by the Office of Management and Budget (OMB) to these information collection requirements. Publication of the control numbers notifies the public that OMB has approved these information collection requirements under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: Beverlee Stafford, U.S. Department of Education, 400 Maryland Avenue, SW., room 3014, Mary E. Switzer Building, Washington, DC 20202-2531. Telephone (202) 205-8831. If you use a telecommunications device for the deaf (TDD), you may call (202) 205-5538.

Individuals with disabilities may obtain this document in an alternative format (e.g., Braille, large print, audiotape, or computer diskette) on request to Katie Mincey, Director, Alternate Formats Center, U.S. Department of Education, 400 Maryland

Avenue, SW., room 1000, Mary E. Switzer Building, Washington, DC 20202-2531. Telephone (202) 260-9895. If you use a telecommunications device for the deaf (TDD), you may call the Federal Information Relay Service (FIRS) at 1-800-877-8339.

SUPPLEMENTARY INFORMATION: The State Vocational Rehabilitation Services Program (VR program) is authorized by Title I of the Rehabilitation Act of 1973, as amended (Act) (29 U.S.C. 701-744). The VR program provides support to each State to assist it in operating a statewide comprehensive, coordinated, effective, efficient, and accountable State program, as an integral part of a statewide workforce investment system, to assess, plan, develop, and provide vocational rehabilitation (VR) services for individuals with disabilities so that those individuals may prepare for and engage in gainful employment consistent with their strengths, priorities, concerns, abilities, capabilities, interests, and informed choice.

On February 28, 2000, we published a notice of proposed rulemaking (NPRM) for this part in the *Federal Register* (65 FR 10620). In the preamble to the NPRM, we discussed on pages 10620 through 10630 the major changes proposed to the regulations in 34 CFR part 361 as a result of the 1998 Amendments. These included the following:

- Streamlining the regulatory requirements pertaining to the State plan for the VR program by changing several State plan descriptions or assurances to program requirements that need not be addressed in the State plan. These proposed changes were intended to reduce the paperwork burden associated with the development of the State plan.
- Amending the regulations to reflect the responsibilities of the designated state unit (DSU or State unit) as a required partner in the One-Stop service delivery system (One-Stop system) established under Title I of the WIA, Pub. L. 105-22. For example, we proposed amending § 361.4 to include among the regulations applicable to the VR program the One-Stop system requirements in 20 CFR part 662 and the civil rights requirements in 29 CFR part 37. In addition to these changes and, as noted later, amending other sections of the current regulations to reflect requirements in WIA, we discuss in some detail in the preamble to the NPRM (65 FR 10620 and 10621) the relationship between the VR program, the One-Stop system in general, and persons with disabilities. We suggest

that you refer to that discussion for additional guidance in coordinating between One-Stop system components.

- Amending § 361.5 to include a new definition of the term "fair hearing board," a revised definition of "physical or mental impairment," a new definition of the term "qualified and impartial mediator," and several new statutory definitions found in WIA, including "local workforce investment board," "State workforce investment board," and "Statewide workforce investment system."

- Amending § 361.10 to require that each State submit its State plan for the VR program on the same date that it submits either a State plan under section 112 of WIA or a State unified plan under section 501 of that Act.

- Amending § 361.13 to expand the list of activities that are the responsibility of the DSU.

- Amending § 361.18(c) to require, as appropriate, DSUs to address in a written plan their retraining, recruitment, hiring, and other strategies to ensure that their personnel meet the statutory standards related to the comprehensive system of personnel development.

- Amending § 361.22 to reflect new statutory requirements that foster the transition of students from educational to VR services.

- Amending § 361.23 to reflect both the VR program's responsibilities as a partner of the One-Stop system under WIA and the requirements in the 1988 Amendments related to interagency coordination between the VR program and other components of the statewide workforce investment system under WIA.

- Amending § 361.26 to reflect the authority of States to use geographically earmarked funds without requesting a waiver of statewideneess.

- Amending § 361.29 to guide States in developing a required comprehensive, forward-thinking plan for administering and improving their VR programs.

- Conforming § 361.30 solely to the requirement in the Act that DSUs provide VR services to eligible American Indians to the same extent as other significant populations of individuals with disabilities.

- Amending § 361.31 to conform to the requirement in the Act that the DSU establish cooperative agreements with private nonprofit VR service providers.

- Removing § 361.33 of the current regulations (regarding the use, assessment, and support of community rehabilitation programs) since these requirements are addressed in other

regulatory sections and reserving this section for future use.

- Amending § 361.35 to reflect the requirement in section 101(a)(18) of the Act that the State reserve a portion of its allotment under section 110 of the Act to further innovation and expansion of its VR program.

- Amending § 361.36 to incorporate the requirement in the 1998 Amendments that individuals who do not meet the State's order of selection criteria for receiving services be provided access to the DSU's information and referral system under § 361.37.

- Amending § 361.37 to reflect new requirements in the Act for referring individuals, including eligible individuals who do not meet the State's order of selection criteria for receiving services, to those components of the statewide workforce investment system best suited to meet an individual's employment needs.

- Amending § 361.42 to implement new requirements in the Act regarding presumptive eligibility for Social Security recipients and beneficiaries and the use of trial work experiences as part of the assessment for determining eligibility, to revise regulatory requirements concerning extended evaluations, and to identify the type of personnel who must conduct eligibility determinations.

- Amending § 361.45 to implement new requirements in the Act that expand an eligible individual's options for developing the Individualized Plan for Employment (IPE), enable individuals to receive technical assistance in developing their IPEs, specify the information that the DSU must provide to the eligible individual during IPE development, and detail applicable procedural requirements.

- Amending § 361.47 to require the States to determine, with input from the State Rehabilitation Councils, the type of documentation that they will maintain for each applicant and eligible individual to meet the content items that must be included in each individual's record of services.

- Amending § 361.52 to implement the expanded authority in the Act requiring that applicants and eligible individuals be able to exercise informed choice throughout the rehabilitation process.

- Amending § 361.53 to require interagency agreements between the DSU and other appropriate public entities to ensure that eligible individuals with disabilities receive, in a timely manner, necessary services to which each party to the agreement has

an obligation, or the authority, to contribute.

- Amending § 361.54 to expand the list of VR services exempt from State financial needs tests to include interpreter services for individuals who are deaf or hard of hearing, reader services for individuals who are blind, and personal assistant services. Also, this section was amended to prohibit States from applying financial needs tests to individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

- Re-titling and Amending § 361.56 to better reflect the requirements that must be met before the State unit can close the record of services for an individual who has achieved an employment outcome.

- Amending § 361.57 to implement new requirements in the 1998 Amendments regarding mediation and administrative review of disputes regarding the provision of VR services to applicants or eligible individuals.

- Amending § 361.60 to reflect the elimination of statutory authority for the innovation and expansion grant program and to implement new statutory provisions regarding the use of geographically limited earmarked funds as part of the State's non-Federal share.

These final regulations contain several significant changes from the NPRM. We fully explain each of these changes in the Analysis of Comments and Changes in the appendix at the end of these final regulations.

Analysis of Comments and Changes

In response to our invitation in the NPRM, 109 parties submitted comments on the proposed regulations. An analysis of the comments and of the changes in the regulations since publication of the NPRM is published as an appendix at the end of these final regulations.

We discuss substantive issues under the sections of the regulations to which they pertain. Generally, we do not address technical and other minor changes—and suggested changes that the law does not authorize the Secretary to make.

National Education Goals

The eight National Education Goals focus the Nation's education reform efforts and provide a framework for improving teaching and learning.

These regulations address the National Education Goal that every adult American, including individuals with disabilities, will possess the knowledge and skills necessary to compete in a global economy and

exercise the rights and responsibilities of citizenship.

Executive Order 12866

We have reviewed these final regulations in accordance with Executive Order 12866. Under the terms of the order, we have assessed the potential costs and benefits of this regulatory action.

The potential costs associated with the final regulations are those resulting from statutory requirements and those we have determined to be necessary for administering this program effectively and efficiently.

In assessing the potential costs and benefits—both quantitative and qualitative—of these final regulations, we have determined that the benefits of the final regulations justify the costs.

We also have determined that this regulatory action does not unduly interfere with State, local, and tribal governments in the exercise of their governmental functions.

Summary of Potential Costs and Benefits

We discussed the potential costs and benefits of these final regulations in the preamble to the NPRM (65 FR 10630 and 10631) and throughout the section-by-section analysis (65 FR 10621 through 10630). Our analysis of potential costs and benefits generally remains the same as in the NPRM, although we include additional discussion of potential costs and benefits in the Appendix to these final regulations titled Analysis of Comments and Changes.

Intergovernmental Review

This program is subject to Executive Order 12372 and the regulations in 34 CFR part 79. One of the objectives of the Executive order is to foster an intergovernmental partnership and a strengthened federalism. The Executive order relies on processes developed by State and local governments for coordination and review of proposed Federal financial assistance.

This document provides early notification of our specific plans and actions for this program.

Federalism

Executive Order 13132 requires us to ensure meaningful and timely input by State and local elected officials in the development of regulatory policies that have federalism implications. "Federalism implications" means substantial direct effects on the States, on the relationship between the National Government and the States, or on the distribution of power and

responsibilities among the various levels of government.

These regulations implement various statutory changes to the State Vocational Rehabilitation Services Program. We do not believe that these regulations have federalism implications as defined in Executive Order 13132 or that they preempt State law. Accordingly, the Secretary has determined that these regulations do not contain policies that have federalism implications.

Assessment of Educational Impact

In the NPRM we requested comments on whether the proposed regulations would require transmission of information that any other agency or authority of the United States gathers or makes available.

Based on the response to the NPRM and our review, we have determined that these final regulations do not require transmission of information that any other agency or authority of the United States gathers or makes available.

Electronic Access to This Document

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(Catalog of Federal Domestic Assistance Number: 84.126 State Vocational Rehabilitation Services Program)

List of Subjects in 34 CFR Part 361

Reporting and recordkeeping requirements, State-administered grant program—education, Vocational rehabilitation.

Dated: December 7, 2000.

Richard W. Riley,
 Secretary of Education.

For the reasons discussed in the preamble, the Secretary amends title 34 of the Code of Federal Regulations by revising part 361 to read as follows:

PART 361—STATE VOCATIONAL REHABILITATION SERVICES PROGRAM

Subpart A—General

Sec.

- 361.1 Purpose.
- 361.2 Eligibility for a grant.
- 361.3 Authorized activities.
- 361.4 Applicable regulations.
- 361.5 Applicable definitions.

Subpart B—State Plan and Other Requirements for Vocational Rehabilitation Services

- 361.10 Submission, approval, and disapproval of the State plan.
- 361.11 Withholding of funds.

Administration

- 361.12 Methods of administration.
- 361.13 State agency for administration.
- 361.14 Substitute State agency.
- 361.15 Local administration.
- 361.16 Establishment of an independent commission or a State Rehabilitation Council.
- 361.17 Requirements for a State Rehabilitation Council.
- 361.18 Comprehensive system of personnel development.
- 361.19 Affirmative action for individuals with disabilities.
- 361.20 Public participation requirements.
- 361.21 Consultations regarding the administration of the State plan.
- 361.22 Coordination with education officials.
- 361.23 Requirements related to the statewide workforce investment system.
- 361.24 Cooperation and coordination with other entities.
- 361.25 Statewideeness.
- 361.26 Waiver of statewideeness.
- 361.27 Shared funding and administration of joint programs.
- 361.28 Third-party cooperative arrangements involving funds from other public agencies.
- 361.29 Statewide assessment; annual estimates; annual State goals and priorities; strategies; and progress reports.

- 361.30 Services to American Indians.
- 361.31 Cooperative agreements with private nonprofit organizations.
- 361.32 Use of profitmaking organizations for on-the-job training in connection with selected projects.
- 361.33 [Reserved.]
- 361.34 Supported employment State plan supplement.
- 361.35 Innovation and expansion activities.
- 361.36 Ability to serve all eligible individuals; order of selection for services.
- 361.37 Information and referral services.
- 361.38 Protection, use, and release of personal information.
- 361.39 State-imposed requirements.
- 361.40 Reports.

Provision and Scope of Services

- 361.41 Processing referrals and applications.
- 361.42 Assessment for determining eligibility and priority for services.

- 361.43 Procedures for ineligibility determination.
- 361.44 Closure without eligibility determination.
- 361.45 Development of the individualized plan for employment.
- 361.46 Content of the individualized plan for employment.
- 361.47 Record of services.
- 361.48 Scope of vocational rehabilitation services for individuals with disabilities.
- 361.49 Scope of vocational rehabilitation services for groups of individuals with disabilities.
- 361.50 Written policies governing the provision of services for individuals with disabilities.
- 361.51 Standards for facilities and providers of services.
- 361.52 Informed choice.
- 361.53 Comparable services and benefits.
- 361.54 Participation of individuals in cost of services based on financial need.
- 361.55 Annual review of individuals in extended employment or other employment under special certificate provisions of the Fair Labor Standards Act.
- 361.56 Requirements for closing the record of services of an individual who has achieved an employment outcome.
- 361.57 Review of determinations made by designated State unit personnel.

Subpart C—Financing of State Vocational Rehabilitation Programs

- 361.60 Matching requirements.
- 361.61 Limitation on use of funds for construction expenditures.
- 361.62 Maintenance of effort requirements.
- 361.63 Program income.
- 361.64 Obligation of Federal funds and program income.
- 361.65 Allotment and payment of Federal funds for vocational rehabilitation services.

Subpart D—[Reserved]

Subpart E—Evaluation Standards and Performance Indicators

- 361.80 Purpose.
- 361.81 Applicable definitions.
- 361.82 Evaluation standards.
- 361.84 Performance indicators.
- 361.86 Performance levels.
- 361.88 Reporting requirements.
- 361.89 Enforcement procedures.

Authority: 29 U.S.C. 709(c), unless otherwise noted.

Subpart A—General

§ 361.1 Purpose.

Under the State Vocational Rehabilitation Services Program (Program), the Secretary provides grants to assist States in operating statewide comprehensive, coordinated, effective, efficient, and accountable programs, each of which is—

- (a) An integral part of a statewide workforce investment system; and
- (b) Designed to assess, plan, develop, and provide vocational rehabilitation

services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that they may prepare for and engage in gainful employment.

(Authority: Section 100(a)(2) of the Act; 29 U.S.C. 720(a)(2))

§ 361.2 Eligibility for a grant.

Any State that submits to the Secretary a State plan that meets the requirements of section 101(a) of the Act and this part is eligible for a grant under this Program.

(Authority: Section 101(a) of the Act; 29 U.S.C. 721(a))

§ 361.3 Authorized activities.

The Secretary makes payments to a State to assist in—

- (a) The costs of providing vocational rehabilitation services under the State plan; and
- (b) Administrative costs under the State plan.

(Authority: Section 111(a)(1) of the Act; 29 U.S.C. 731(a)(1))

§ 361.4 Applicable regulations.

The following regulations apply to this Program:

(a) The Education Department General Administrative Regulations (EDGAR) as follows:

- (1) 34 CFR part 74 (Administration of Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-profit Organizations), with respect to subgrants to entities that are not State or local governments or Indian tribal organizations.
- (2) 34 CFR part 76 (State-Administered Programs).
- (3) 34 CFR part 77 (Definitions that Apply to Department Regulations).
- (4) 34 CFR part 79 (Intergovernmental Review of Department of Education Programs and Activities).
- (5) 34 CFR part 80 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments), except for § 80.24(a)(2).
- (6) 34 CFR part 81 (General Education Provisions Act—Enforcement).
- (7) 34 CFR part 82 (New Restrictions on Lobbying).
- (8) 34 CFR part 85 (Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Requirements for Drug-Free Workplace (Grants)).
- (9) 34 CFR part 86 (Drug and Alcohol Abuse Prevention).
- (b) The regulations in this part 361.
- (c) 20 CFR part 662 (Description of One-Stop Service Delivery System

under Title I of the Workforce Investment Act of 1998).

(d) 29 CFR part 37, to the extent programs and activities are being conducted as part of the One-Stop service delivery system under section 121(b) of the Workforce Investment Act of 1998.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

§ 361.5 Applicable definitions.

(a) *Definitions in EDGAR.* The following terms used in this part are defined in 34 CFR 77.1:

Department
EDGAR
Fiscal year
Nonprofit
Private
Public
Secretary

(b) *Other definitions.* The following definitions also apply to this part:

- (1) *Act* means the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 *et seq.*).
- (2) *Administrative costs under the State plan* means expenditures incurred in the performance of administrative functions under the vocational rehabilitation program carried out under this part, including expenses related to program planning, development, monitoring, and evaluation, including, but not limited to, expenses for—
 - (i) Quality assurance;
 - (ii) Budgeting, accounting, financial management, information systems, and related data processing;
 - (iii) Providing information about the program to the public;
 - (iv) Technical assistance and support services to other State agencies, private nonprofit organizations, and businesses and industries, except for technical assistance and support services described in § 361.49(a)(4);
 - (v) The State Rehabilitation Council and other advisory committees;
 - (vi) Professional organization membership dues for designated State unit employees;
 - (vii) The removal of architectural barriers in State vocational rehabilitation agency offices and State-operated rehabilitation facilities;
 - (viii) Operating and maintaining designated State unit facilities, equipment, and grounds;
 - (ix) Supplies;
 - (x) Administration of the comprehensive system of personnel development described in § 361.18, including personnel administration, administration of affirmative action plans, and training and staff development;

(xi) Administrative salaries, including clerical and other support staff salaries, in support of these administrative functions;

(xii) Travel costs related to carrying out the program, other than travel costs related to the provision of services;

(xiii) Costs incurred in conducting reviews of determinations made by personnel of the designated State unit, including costs associated with mediation and impartial due process hearings under § 361.57; and

(xiv) Legal expenses required in the administration of the program.

(Authority: Section 7(1) of the Act; 29 U.S.C. 705(1))

(3) *American Indian* means an individual who is a member of an Indian tribe.

(Authority: Section 7(19)(A) of the Act; 29 U.S.C. 705(19)(A))

(4) *Applicant* means an individual who submits an application for vocational rehabilitation services in accordance with § 361.41(b)(2).

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(5) *Appropriate modes of communication* means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recordings, Brailled and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(6) *Assessment for determining eligibility and vocational rehabilitation needs* means, as appropriate in each case—

- (i)(A) A review of existing data—
 - (1) To determine if an individual is eligible for vocational rehabilitation services; and
 - (2) To assign priority for an order of selection described in § 361.36 in the States that use an order of selection; and
- (B) To the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make the eligibility determination and assignment;
- (ii) To the extent additional data are necessary to make a determination of the employment outcomes and the nature and scope of vocational

rehabilitation services to be included in the individualized plan for employment of an eligible individual, a comprehensive assessment to determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment, of the eligible individual. This comprehensive assessment—

(A) Is limited to information that is necessary to identify the rehabilitation needs of the individual and to develop the individualized plan of employment of the eligible individual;

(B) Uses as a primary source of information, to the maximum extent possible and appropriate and in accordance with confidentiality requirements—

(7) Existing information obtained for the purposes of determining the eligibility of the individual and assigning priority for an order of selection described in § 361.36 for the individual; and

(2) Information that can be provided by the individual and, if appropriate, by the family of the individual;

(C) May include, to the degree needed to make such a determination, an assessment of the personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual and the medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation needs of the individual; and

(D) May include, to the degree needed, an appraisal of the patterns of work behavior of the individual and services needed for the individual to acquire occupational skills and to develop work attitudes, work habits, work tolerance, and social and behavior patterns necessary for successful job performance, including the use of work in real job situations to assess and develop the capacities of the individual to perform adequately in a work environment;

(iii) Referral, for the provision of rehabilitation technology services to the individual, to assess and develop the capacities of the individual to perform in a work environment; and

(iv) An exploration of the individual's abilities, capabilities, and capacity to perform in work situations, which must be assessed periodically during trial work experiences, including

experiences in which the individual is provided appropriate supports and training.

(Authority: Section 7(2) of the Act; 29 U.S.C. 705(2))

(7) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

(Authority: Section 7(3) of the Act; 29 U.S.C. 705(3))

(8) *Assistive technology service* means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device, including—

(i) The evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in his or her customary environment;

(ii) Purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;

(iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(v) Training or technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and

(vi) Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by an individual with a disability.

(Authority: Sections 7(4) and 12(c) of the Act; 29 U.S.C. 705(4) and 709(c))

(9) *Community rehabilitation program*.

(i) *Community rehabilitation program* means a program that provides directly or facilitates the provision of one or more of the following vocational rehabilitation services to individuals with disabilities to enable those individuals to maximize their opportunities for employment, including career advancement:

(A) Medical, psychiatric, psychological, social, and vocational services that are provided under one management.

(B) Testing, fitting, or training in the use of prosthetic and orthotic devices.

(C) Recreational therapy.

(D) Physical and occupational therapy.

(E) Speech, language, and hearing therapy.

(F) Psychiatric, psychological, and social services, including positive behavior management.

(G) Assessment for determining eligibility and vocational rehabilitation needs.

(H) Rehabilitation technology.

(I) Job development, placement, and retention services.

(J) Evaluation or control of specific disabilities.

(K) Orientation and mobility services for individuals who are blind.

(L) Extended employment.

(M) Psychosocial rehabilitation services.

(N) Supported employment services and extended services.

(O) Services to family members if necessary to enable the applicant or eligible individual to achieve an employment outcome.

(P) Personal assistance services.

(Q) Services similar to the services described in paragraphs (A) through (P) of this definition.

(ii) For the purposes of this definition, the word *program* means an agency, organization, or institution, or unit of an agency, organization, or institution, that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions.

(10) *Comparable services and benefits* means—

(i) Services and benefits that are—

(A) Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;

(B) Available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's individualized plan for employment in accordance with § 361.53; and

(C) Commensurate to the services that the individual would otherwise receive from the designated State vocational rehabilitation agency.

(ii) For the purposes of this definition, comparable benefits do not include awards and scholarships based on merit.

(Authority: Sections 12(c) and 101(a)(8) of the Act; 29 U.S.C. 709(c) and 721(a)(8))

(11) *Competitive employment* means work—

(i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and

(ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

(Authority: Sections 7(11) and 12(c) of the Act; 29 U.S.C. 705(11) and 709(c))

(12) *Construction of a facility for a public or nonprofit community rehabilitation program* means—

(i) The acquisition of land in connection with the construction of a new building for a community rehabilitation program;

(ii) The construction of new buildings;

(iii) The acquisition of existing buildings;

(iv) The expansion, remodeling, alteration, or renovation of existing buildings;

(v) Architect's fees, site surveys, and soil investigation, if necessary, in connection with the construction project;

(vi) The acquisition of initial fixed or movable equipment of any new, newly acquired, newly expanded, newly remodeled, newly altered, or newly renovated buildings that are to be used for community rehabilitation program purposes; and

(vii) Other direct expenditures appropriate to the construction project, except costs of off-site improvements.

(Authority: Sections 7(6) and 12(c) of the Act; 29 U.S.C. 705(6) and 709(c))

(13) *Designated State agency or State agency* means the sole State agency, designated in accordance with § 361.13(a), to administer, or supervise the local administration of, the State plan for vocational rehabilitation services. The term includes the State agency for individuals who are blind, if designated as the sole State agency with respect to that part of the plan relating to the vocational rehabilitation of individuals who are blind.

(Authority: Sections 7(8)(A) and 101(a)(2)(A) of the Act; 29 U.S.C. 705(8)(A) and 721(a)(2)(A))

(14) *Designated State unit or State unit* means either—

(i) The State vocational rehabilitation bureau, division, or other organizational unit that is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and that is responsible for the administration of the vocational rehabilitation program of the State agency, as required under § 361.13(b); or

(ii) The State agency that is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities.

(Authority: Sections 7(8)(B) and 101(a)(2)(B) of the Act; 29 U.S.C. 705(8)(B) and 721(a)(2)(B))

(15) *Eligible individual* means an applicant for vocational rehabilitation services who meets the eligibility requirements of § 361.42(a).

(Authority: Sections 7(20)(A) and 102(a)(1) of the Act; 29 U.S.C. 705(20)(A) and 722(a)(1))

(16) *Employment outcome* means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market to the greatest extent practicable; supported employment; or any other type of employment, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(Authority: Sections 7(11), 12(c), 100(a)(2), and 102(b)(3)(A) of the Act; 29 U.S.C. 705(11), 709(c), 720(a)(2), and 722(b)(3)(A))

(17) *Establishment, development, or improvement of a public or nonprofit community rehabilitation program* means—

(i) The establishment of a facility for a public or nonprofit community rehabilitation program as defined in paragraph (b)(18) of this section to provide vocational rehabilitation services to applicants or eligible individuals;

(ii) Staffing, if necessary to establish, develop, or improve a community rehabilitation program for the purpose of providing vocational rehabilitation services to applicants or eligible individuals, for a maximum period of 4 years, with Federal financial participation available at the applicable matching rate for the following levels of staffing costs:

(A) 100 percent of staffing costs for the first year.

(B) 75 percent of staffing costs for the second year.

(C) 60 percent of staffing costs for the third year.

(D) 45 percent of staffing costs for the fourth year; and

(iii) Other expenditures related to the establishment, development, or improvement of a community rehabilitation program that are necessary to make the program functional or increase its effectiveness in providing vocational rehabilitation services to applicants or eligible

individuals, but are not ongoing operating expenses of the program.

(Authority: Sections 7(12) and 12(c) of the Act; 29 U.S.C. 705(12) and 709(c))

(18) *Establishment of a facility for a public or nonprofit community rehabilitation program* means—

(i) The acquisition of an existing building and, if necessary, the land in connection with the acquisition, if the building has been completed in all respects for at least 1 year prior to the date of acquisition and the Federal share of the cost of acquisition is not more than \$300,000;

(ii) The remodeling or alteration of an existing building, provided the estimated cost of remodeling or alteration does not exceed the appraised value of the existing building;

(iii) The expansion of an existing building, provided that—

(A) The existing building is complete in all respects;

(B) The total size in square footage of the expanded building, notwithstanding the number of expansions, is not greater than twice the size of the existing building;

(C) The expansion is joined structurally to the existing building and does not constitute a separate building; and

(D) The costs of the expansion do not exceed the appraised value of the existing building;

(iv) Architect's fees, site survey, and soil investigation, if necessary in connection with the acquisition, remodeling, alteration, or expansion of an existing building; and

(v) The acquisition of fixed or movable equipment, including the costs of installation of the equipment, if necessary to establish, develop, or improve a community rehabilitation program.

(Authority: Sections 7(12) and 12(c) of the Act; 29 U.S.C. 705(12) and 709(c))

(19) *Extended employment* means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act and any needed support services to an individual with a disability to enable the individual to continue to train or otherwise prepare for competitive employment, unless the individual through informed choice chooses to remain in extended employment.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(20) *Extended services* means ongoing support services and other appropriate services that are needed to support and

maintain an individual with a most significant disability in supported employment and that are provided by a State agency, a private nonprofit organization, employer, or any other appropriate resource, from funds other than funds received under this part and 34 CFR part 363 after an individual with a most significant disability has made the transition from support provided by the designated State unit.

(Authority: Sections 7(13) and 623 of the Act; 29 U.S.C. 705(13) and 795i)

(21) *Extreme medical risk* means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.

(Authority: Sections 12(c) and 101(a)(8)(A)(i)(III) of the Act; 29 U.S.C. 709(c) and 721(a)(8)(A)(i)(III))

(22) *Fair hearing board* means a committee, body, or group of persons established by a State prior to January 1, 1985 that—

(i) Is authorized under State law to review determinations made by personnel of the designated State unit that affect the provision of vocational rehabilitation services; and

(ii) Carries out the responsibilities of the impartial hearing officer in accordance with the requirements in § 361.57(j).

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(23) *Family member*, for purposes of receiving vocational rehabilitation services in accordance with § 361.48(i), means an individual—

(i) Who either—

(A) Is a relative or guardian of an applicant or eligible individual; or

(B) Lives in the same household as an applicant or eligible individual;

(ii) Who has a substantial interest in the well-being of that individual; and

(iii) Whose receipt of vocational rehabilitation services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

(Authority: Sections 12(c) and 103(a)(17) of the Act; 29 U.S.C. 709(c) and 723(a)(17))

(24) *Governor* means a chief executive officer of a State.

(Authority: Section 7(15) of the Act; 29 U.S.C. 705(15))

(25) *Impartial hearing officer*.

(i) *Impartial hearing officer* means an individual who—

(A) Is not an employee of a public agency (other than an administrative law judge, hearing examiner, or employee of an institution of higher education);

(B) Is not a member of the State Rehabilitation Council for the designated State unit;

(C) Has not been involved previously in the vocational rehabilitation of the applicant or eligible individual;

(D) Has knowledge of the delivery of vocational rehabilitation services, the State plan, and the Federal and State regulations governing the provision of services;

(E) Has received training with respect to the performance of official duties; and

(F) Has no personal, professional, or financial interest that would be in conflict with the objectivity of the individual.

(ii) An individual is not considered to be an employee of a public agency for the purposes of this definition solely because the individual is paid by the agency to serve as a hearing officer.

(Authority: Section 7(16) of the Act; 29 U.S.C. 705(16))

(26) *Indian tribe* means any Federal or State Indian tribe, band, rancheria, pueblo, colony, or community, including any Alaskan native village or regional village corporation (as defined in or established pursuant to the Alaska Native Claims Settlement Act).

(Authority: Section 7(19)(B) of the Act; 29 U.S.C. 705(19)(B))

(27) *Individual who is blind* means a person who is blind within the meaning of applicable State law. (Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(28) *Individual with a disability*, except as provided in § 361.5(b)(29), means an individual—

(i) Who has a physical or mental impairment;

(ii) Whose impairment constitutes or results in a substantial impediment to employment; and

(iii) Who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

(Authority: Section 7(20)(A) of the Act; 29 U.S.C. 705(20)(A))

(29) *Individual with a disability*, for purposes of §§ 361.5(b)(14), 361.13(a), 361.13(b)(1), 361.17(a), (b), (c), and (j), 361.18(b), 361.19, 361.20, 361.23(b)(2), 361.29(a) and (d)(5), and 361.51(b), means an individual—

(i) Who has a physical or mental impairment that substantially limits one or more major life activities;

(ii) Who has a record of such an impairment; or

(iii) Who is regarded as having such an impairment.

(Authority: Section 7(20)(B) of the Act; 29 U.S.C. 705(20)(B))

(30) *Individual with a most significant disability* means an individual with a significant disability who meets the designated State unit's criteria for an individual with a most significant disability. These criteria must be consistent with the requirements in § 361.36(d)(1) and (2).

(Authority: Sections 7(21)(E)(i) and 101(a)(5)(C) of the Act; 29 U.S.C. 705(21)(E)(i) and 721(a)(5)(C))

(31) *Individual with a significant disability* means an individual with a disability—

(i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

(ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

(iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

(Authority: Section 7(21)(A) of the Act; 29 U.S.C. 705(21)(A))

(32) *Individual's representative* means any representative chosen by an applicant or eligible individual, as appropriate, including a parent, guardian, other family member, or advocate, unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual's representative.

(Authority: Sections 7(22) and 12(c) of the Act; 29 U.S.C. 705(22) and 709(c))

(33) *Integrated setting*.—

(i) With respect to the provision of services, means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals other than non-disabled individuals who are

providing services to those applicants or eligible individuals;

(ii) With respect to an employment outcome, means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(34) *Local workforce investment board* means a local workforce investment board established under section 117 of the Workforce Investment Act of 1998.

(Authority: Section 7(25) of the Act; 29 U.S.C. 705(25))

(35) *Maintenance* means monetary support provided to an individual for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs or the individual's receipt of vocational rehabilitation services under an individualized plan for employment.

(Authority: Sections 12(c) and 103(a)(7) of the Act; 29 U.S.C. 709(c) and 723(a)(7))

(i) *Examples:* The following are examples of expenses that would meet the definition of maintenance. The examples are illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

Example 1: The cost of a uniform or other suitable clothing that is required for an individual's job placement or job-seeking activities.

Example 2: The cost of short-term shelter that is required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual's home.

Example 3: The initial one-time costs, such as a security deposit or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement.

Example 4: The costs of an individual's participation in enrichment activities related to that individual's training program.

(ii) [Reserved]

(36) *Mediation* means the act or process of using an independent third party to act as a mediator, intermediary, or conciliator to assist persons or parties in settling differences or disputes prior to pursuing formal administrative or other legal remedies. Mediation under the program must be conducted in

accordance with the requirements in § 361.57(d) by a qualified and impartial mediator as defined in § 361.5(b)(43).

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

(37) *Nonprofit*, with respect to a community rehabilitation program, means a community rehabilitation program carried out by a corporation or association, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual and the income of which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986.

(Authority: Section 7(26) of the Act; 29 U.S.C. 705(26))

(38) *Ongoing support services*, as used in the definition of "Supported employment"

(i) Means services that are—

(A) Needed to support and maintain an individual with a most significant disability in supported employment;

(B) Identified based on a determination by the designated State unit of the individual's need as specified in an individualized plan for employment; and

(C) Furnished by the designated State unit from the time of job placement until transition to extended services, unless post-employment services are provided following transition, and thereafter by one or more extended services providers throughout the individual's term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transitional employment;

(ii) Must include an assessment of employment stability and provision of specific services or the coordination of services at or away from the worksite that are needed to maintain stability based on—

(A) At a minimum, twice-monthly monitoring at the worksite of each individual in supported employment; or

(B) If under specific circumstances, especially at the request of the individual, the individualized plan for employment provides for off-site monitoring, twice monthly meetings with the individual;

(iii) Consist of—

(A) Any particularized assessment supplementary to the comprehensive assessment of rehabilitation needs described in paragraph (b)(6)(ii) of this section;

(B) The provision of skilled job trainers who accompany the individual for intensive job skill training at the work site;

(C) Job development and training;

(D) Social skills training;

(E) Regular observation or supervision of the individual;

(F) Follow-up services including regular contact with the employers, the individuals, the parents, family members, guardians, advocates or authorized representatives of the individuals, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;

(G) Facilitation of natural supports at the worksite;

(H) Any other service identified in the scope of vocational rehabilitation services for individuals, described in § 361.48; or

(I) Any service similar to the foregoing services.

(Authority: Sections 7(27) and 12(c) of the Act; 29 U.S.C. 705(27) and 709(c))

(39) *Personal assistance services* means a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.

(Authority: Sections 7(28), 102(b)(3)(B)(i)(I), and 103(a)(9) of the Act; 29 U.S.C. 705(28), 722(b)(3)(B)(i)(I), and 723(a)(9))

(40) *Physical and mental restoration services* means—

(i) Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment;

(ii) Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with State licensure laws;

(iii) Dentistry;

(iv) Nursing services;

(v) Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;

(vi) Drugs and supplies;

(vii) Prosthetic and orthotic devices;

(viii) Eyeglasses and visual services, including visual training, and the

examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other special visual aids prescribed by personnel that are qualified in accordance with State licensure laws;

(ix) Podiatry;

(x) Physical therapy;

(xi) Occupational therapy;

(xii) Speech or hearing therapy;

(xiii) Mental health services;

(xiv) Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment;

(xv) Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

(xvi) Other medical or medically related rehabilitation services.

(Authority: Sections 12(c) and 103(a)(6) of the Act; 29 U.S.C. 709(c) and 723(a)(6))

(41) *Physical or mental impairment* means—

(i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:

neurological, musculo-skeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or

(ii) Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

(Authority: Sections 7(20)(A) and 12(c) of the Act; 29 U.S.C. 705(20)(A) and 709(c))

(42) *Post-employment services* means one or more of the services identified in § 361.48 that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual to maintain, regain, or advance in employment, consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(Authority: Sections 12(c) and 103(a)(18) of the Act; 29 U.S.C. 709(c) and 723(a)(18))

Note to paragraph (b)(42): Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. These services are available to meet rehabilitation needs that do not require a

complex and comprehensive provision of services and, thus, should be limited in scope and duration. If more comprehensive services are required, then a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended individualized plan for employment; thus, a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements in this part as the provision of any other vocational rehabilitation service. Post-employment services are available to assist an individual to maintain employment, e.g., the individual's employment is jeopardized because of conflicts with supervisors or co-workers, and the individual needs mental health services and counseling to maintain the employment; to regain employment, e.g., the individual's job is eliminated through reorganization and new placement services are needed; and to advance in employment, e.g., the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(43) *Qualified and impartial mediator.*

(i) *Qualified and impartial mediator* means an individual who—

(A) Is not an employee of a public agency (other than an administrative law judge, hearing examiner, employee of a State office of mediators, or employee of an institution of higher education);

(B) Is not a member of the State Rehabilitation Council for the designated State unit;

(C) Has not been involved previously in the vocational rehabilitation of the applicant or eligible individual;

(D) Is knowledgeable of the vocational rehabilitation program and the applicable Federal and State laws, regulations, and policies governing the provision of vocational rehabilitation services;

(E) Has been trained in effective mediation techniques consistent with any State-approved or -recognized certification, licensing, registration, or other requirements; and

(F) Has no personal, professional, or financial interest that would be in conflict with the objectivity of the individual during the mediation proceedings.

(ii) An individual serving as a mediator is not considered to be an employee of the designated State agency or designated State unit for the purposes of this definition solely because the individual is paid by the designated State agency or designated State unit to serve as a mediator.

(Authority: Sections 12(c) and 102(c)(4) of the Act; 29 U.S.C. 709(c) and 722(c)(4))

(44) *Rehabilitation engineering* means the systematic application of

engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

(Authority: Section 7(12)(c) of the Act; 29 U.S.C. 709(c))

(45) *Rehabilitation technology* means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

(Authority: Section 7(30) of the Act; 29 U.S.C. 705(30))

(46) *Reservation* means a Federal or State Indian reservation, public domain Indian allotment, former Indian reservation in Oklahoma, and land held by incorporated Native groups, regional corporations, and village corporations under the provisions of the Alaska Native Claims Settlement Act.

(Authority: Section 121(c) of the Act; 29 U.S.C. 741(c))

(47) *Sole local agency* means a unit or combination of units of general local government or one or more Indian tribes that has the sole responsibility under an agreement with, and the supervision of, the State agency to conduct a local or tribal vocational rehabilitation program, in accordance with the State plan.

(Authority: Section 7(24) of the Act; 29 U.S.C. 705(24))

(48) *State* means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(Authority: Section 7(32) of the Act; 29 U.S.C. 705(32))

(49) *State workforce investment board* means a State workforce investment board established under section 111 of the Workforce Investment Act of 1998.

(Authority: Section 7(33) of the Act; 29 U.S.C. 705(33))

(50) *Statewide workforce investment system* means a system described in

section 111(d)(2) of the Workforce Investment Act of 1998.

(Authority: Section 7(34) of the Act; 29 U.S.C. 705(34))

(51) *State plan* means the State plan for vocational rehabilitation services submitted under § 361.10.

(Authority: Sections 12(c) and 101 of the Act; 29 U.S.C. 709(c) and 721)

(52) *Substantial impediment to employment* means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication, and other related factors) hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities.

(Authority: Sections 7(20)(A) and 12(c) of the Act; 29 U.S.C. 705(20)(A) and 709(c))

(53) *Supported employment* means—

(i) Competitive employment in an integrated setting, or employment in integrated work settings in which individuals are working toward competitive employment, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals with ongoing support services for individuals with the most significant disabilities—

(A) For whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and

(B) Who, because of the nature and severity of their disabilities, need intensive supported employment services from the designated State unit and extended services after transition as described in paragraph (b)(20) of this section to perform this work; or

(ii) Transitional employment, as defined in paragraph (b)(54) of this section, for individuals with the most significant disabilities due to mental illness.

(Authority: Section 7(35) of the Act; 29 U.S.C. 705(35))

(54) *Supported employment services* means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment that are provided by the designated State unit—

(i) For a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the rehabilitation counselor or coordinator jointly agree to extend the time to achieve the employment

outcome identified in the individualized plan for employment; and

(ii) Following transition, as post-employment services that are unavailable from an extended services provider and that are necessary to maintain or regain the job placement or advance in employment.

(Authority: Sections 7(36) and 12(c) of the Act; 29 U.S.C. 705(36) and 709(c))

(55) *Transition services* means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's needs, taking into account the student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the achievement of the employment outcome identified in the student's individualized plan for employment.

(Authority: Section 7(37) and 103(a)(15) of the Act; 29 U.S.C. 705(37) and 723(a)(15))

(56) *Transitional employment*, as used in the definition of "Supported employment," means a series of temporary job placements in competitive work in integrated settings with ongoing support services for individuals with the most significant disabilities due to mental illness. In transitional employment, the provision of ongoing support services must include continuing sequential job placements until job permanency is achieved.

(Authority: Sections 7(35)(B) and 12(c) of the Act; 29 U.S.C. 705(35)(B) and 709(c))

(57) *Transportation* means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation service, including expenses for training in the use of public transportation vehicles and systems.

(Authority: 103(a)(8) of the Act; 29 U.S.C. 723(a)(8))

(i) *Examples:* The following are examples of expenses that would meet the definition of transportation. The

examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

Example 1: Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the applicant or eligible individual to travel to participate in any vocational rehabilitation service.

Example 2: The purchase and repair of vehicles, including vans, but not the modification of these vehicles, as modification would be considered a rehabilitation technology service.

Example 3: Relocation expenses incurred by an eligible individual in connection with a job placement that is a significant distance from the eligible individual's current residence.

(ii) [Reserved]

(58) *Vocational rehabilitation services*—

(i) If provided to an individual, means those services listed in § 361.48; and

(ii) If provided for the benefit of groups of individuals, also means those services listed in § 361.49.

(Authority: Sections 7(38) and 103(a) and (b) of the Act; 29 U.S.C. 705(38), 723(a) and (b).)

Subpart B—State Plan and Other Requirements for Vocational Rehabilitation Services

§ 361.10 Submission, approval, and disapproval of the State plan.

(a) *Purpose.* For a State to receive a grant under this part, the designated State agency must submit to the Secretary, and obtain approval of, a State plan that contains a description of the State's vocational rehabilitation services program, the plans and policies to be followed in carrying out the program, and other information requested by the Secretary, in accordance with the requirements of this part.

(b) *Separate part relating to the vocational rehabilitation of individuals who are blind.* If a separate State agency administers or supervises the administration of a separate part of the State plan relating to the vocational rehabilitation of individuals who are blind, that part of the State plan must separately conform to all requirements under this part that are applicable to a State plan.

(c) *State unified plan.* The State may choose to submit the State plan for vocational rehabilitation services as part of the State unified plan under section 501 of the Workforce Investment Act of 1998. The portion of the State unified plan that includes the State plan for vocational rehabilitation services must meet the State plan requirements in this part.

(d) *Public participation.* Prior to the adoption of any substantive policies or procedures governing the provision of vocational rehabilitation services under the State plan, including making any substantive amendment to those policies and procedures, the designated State agency must conduct public meetings throughout the State, in accordance with the requirements of § 361.20.

(e) *Duration.* The State plan remains in effect subject to the submission of modifications the State determines to be necessary or the Secretary may require based on a change in State policy, a change in Federal law, including regulations, an interpretation of the Act by a Federal court or the highest court of the State, or a finding by the Secretary of State noncompliance with the requirements of the Act or this part.

(f) *Submission of the State plan.* The State must submit the State plan for approval—

(1) To the Secretary on the same date that the State submits a State plan relating to the statewide workforce investment system under section 112 of the Workforce Investment Act of 1998;

(2) As part of the State unified plan submitted under section 501 of that Act; or

(3) To the Secretary on the same date that the State submits a State unified plan under section 501 of that Act that does not include the State plan under this part.

(g) *Annual submission.* (1) The State must submit to the Secretary for approval revisions to the State plan in accordance with paragraph (e) of this section and 34 CFR 76.140.

(2) The State must submit to the Secretary reports containing annual updates of the information required under §§ 361.18, 361.29, and 361.35 and any other updates of the information required under this part that are requested by the Secretary.

(3) The State is not required to submit policies, procedures, or descriptions required under this part that have been previously submitted to the Secretary and that demonstrate that the State meets the requirements of this part, including any policies, procedures, or descriptions submitted under this part that are in effect on August 6, 1998.

(h) *Approval.* The Secretary approves any State plan and any revisions to the State plan that conform to the requirements of this part and section 101(a) of the Act.

(i) *Disapproval.* The Secretary disapproves any State plan that does not conform to the requirements of this part and section 101(a) of the Act, in

accordance with the following procedures:

(1) *Informal resolution.* Prior to disapproving any State plan, the Secretary attempts to resolve disputes informally with State officials.

(2) *Notice.* If, after reasonable effort has been made to resolve the dispute, no resolution has been reached, the Secretary provides notice to the State agency of the intention to disapprove the State plan and of the opportunity for a hearing.

(3) *State plan hearing.* If the State agency requests a hearing, the Secretary designates one or more individuals, either from the Department or elsewhere, not responsible for or connected with the administration of this Program, to conduct a hearing in accordance with the provisions of 34 CFR part 81, subpart A.

(4) *Initial decision.* The hearing officer issues an initial decision in accordance with 34 CFR 81.41.

(5) *Petition for review of an initial decision.* The State agency may seek the Secretary's review of the initial decision in accordance with 34 CFR part 81.

(6) *Review by the Secretary.* The Secretary reviews the initial decision in accordance with 34 CFR 81.43.

(7) *Final decision of the Department.* The final decision of the Department is made in accordance with 34 CFR 81.44.

(8) *Judicial review.* A State may appeal the Secretary's decision to disapprove the State plan by filing a petition for review with the United States Court of Appeals for the circuit in which the State is located, in accordance with section 107(d) of the Act.

(Authority: Sections 101(a) and (b), and 107(d) of the Act; 20 U.S.C. 1231g(a); and 29 U.S.C. 721(a) and (b), and 727(d))

§ 361.11 Withholding of funds.

(a) *Basis for withholding.* The Secretary may withhold or limit payments under section 111 or 622(a) of the Act, as provided by section 107(c) and (d) of the Act, if the Secretary determines that—

(1) The State plan, including the supported employment supplement, has been so changed that it no longer conforms with the requirements of this part or 34 CFR part 363; or

(2) In the administration of the State plan, there has been a failure to comply substantially with any provision of that plan or a program improvement plan established in accordance with section 106(b)(2) of the Act.

(b) *Informal resolution.* Prior to withholding or limiting payments in accordance with this section, the

Secretary attempts to resolve disputed issues informally with State officials.

(c) *Notice.* If, after reasonable effort has been made to resolve the dispute, no resolution has been reached, the Secretary provides notice to the State agency of the intention to withhold or limit payments and of the opportunity for a hearing.

(d) *Withholding hearing.* If the State agency requests a hearing, the Secretary designates one or more individuals, either from the Department or elsewhere, not responsible for or connected with the administration of this Program, to conduct a hearing in accordance with the provisions of 34 CFR part 81, subpart A.

(e) *Initial decision.* The hearing officer issues an initial decision in accordance with 34 CFR 81.41.

(f) *Petition for review of an initial decision.* The State agency may seek the Secretary's review of the initial decision in accordance with 34 CFR 81.42.

(g) *Review by the Secretary.* The Secretary reviews the initial decision in accordance with 34 CFR 81.43.

(h) *Final decision of the Department.* The final decision of the Department is made in accordance with 34 CFR 81.44.

(i) *Judicial review.* A State may appeal the Secretary's decision to withhold or limit payments by filing a petition for review with the U.S. Court of Appeals for the circuit in which the State is located, in accordance with section 107(d) of the Act.

(Authority: Sections 101(b), 107(c), and 107(d) of the Act; 29 U.S.C. 721(b), 727(c)(1) and (2), and 727(d))

Administration

§ 361.12 Methods of administration.

The State plan must assure that the State agency, and the designated State unit if applicable, employs methods of administration found necessary by the Secretary for the proper and efficient administration of the plan and for carrying out all functions for which the State is responsible under the plan and this part. These methods must include procedures to ensure accurate data collection and financial accountability.

(Authority: Sections 101(a)(6) and (a)(10)(A) of the Act; 29 U.S.C. 721(a)(6) and (a)(10)(A))

§ 361.13 State agency for administration.

(a) *Designation of State agency.* The State plan must designate a State agency as the sole State agency to administer the State plan, or to supervise its administration in a political subdivision of the State by a sole local agency, in accordance with the following requirements:

(1) *General.* Except as provided in paragraphs (a)(2) and (3) of this section,

the State plan must provide that the designated State agency is one of the following types of agencies:

(i) A State agency that is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities; or

(ii) A State agency that includes a vocational rehabilitation unit as provided in paragraph (b) of this section.

(2) *American Samoa.* In the case of American Samoa, the State plan must designate the Governor.

(3) *Designated State agency for individuals who are blind.* If a State commission or other agency that provides assistance or services to individuals who are blind is authorized under State law to provide vocational rehabilitation services to individuals who are blind, and this commission or agency is primarily concerned with vocational rehabilitation or includes a vocational rehabilitation unit as provided in paragraph (b) of this section, the State plan may designate that agency as the sole State agency to administer the part of the plan under which vocational rehabilitation services are provided for individuals who are blind or to supervise its administration in a political subdivision of the State by a sole local agency.

(b) *Designation of State unit.*

(1) If the designated State agency is not of the type specified in paragraph (a)(1)(i) of this section or if the designated State agency specified in paragraph (a)(3) of this section is not primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities, the State plan must assure that the agency (or each agency if two agencies are designated) includes a vocational rehabilitation bureau, division, or unit that—

(i) Is primarily concerned with vocational rehabilitation or vocational and other rehabilitation of individuals with disabilities and is responsible for the administration of the State agency's vocational rehabilitation program under the State plan;

(ii) Has a full-time director;

(iii) Has a staff, at least 90 percent of whom are employed full time on the rehabilitation work of the organizational unit; and

(iv) Is located at an organizational level and has an organizational status within the State agency comparable to that of other major organizational units of the agency.

(2) In the case of a State that has not designated a separate State agency for individuals who are blind, as provided

for in paragraph (a)(3) of this section, the State may assign responsibility for the part of the plan under which vocational rehabilitation services are provided to individuals who are blind to one organizational unit of the designated State agency and may assign responsibility for the rest of the plan to another organizational unit of the designated State agency, with the provisions of paragraph (b)(1) of this section applying separately to each of these units.

(c) *Responsibility for administration.*

(1) At a minimum, the following activities are the responsibility of the designated State unit or the sole local agency under the supervision of the State unit:

(i) All decisions affecting eligibility for vocational rehabilitation services, the nature and scope of available services, and the provision of these services.

(ii) The determination to close the record of services of an individual who has achieved an employment outcome in accordance with § 361.56.

(iii) Policy formulation and implementation.

(iv) The allocation and expenditure of vocational rehabilitation funds.

(v) Participation as a partner in the One-Stop service delivery system under Title I of the Workforce Investment Act of 1998, in accordance with 20 CFR part 662.

(2) The responsibility for the functions described in paragraph (c)(1) of this section may not be delegated to any other agency or individual.

(Authority: Section 101(a)(2) of the Act; 29 U.S.C. 721(a)(2))

§ 361.14 Substitute State agency.

(a) *General provisions.*

(1) If the Secretary has withheld all funding from a State under § 361.11, the State may designate another agency to substitute for the designated State agency in carrying out the State's program of vocational rehabilitation services.

(2) Any public or nonprofit private organization or agency within the State or any political subdivision of the State is eligible to be a substitute agency.

(3) The substitute agency must submit a State plan that meets the requirements of this part.

(4) The Secretary makes no grant to a substitute agency until the Secretary approves its plan.

(b) *Substitute agency matching share.* The Secretary does not make any payment to a substitute agency unless it has provided assurances that it will contribute the same matching share as the State would have been required to

contribute if the State agency were carrying out the vocational rehabilitation program.

(Authority: Section 107(c)(3) of the Act; 29 U.S.C. 727(c)(3))

§ 361.15 Local administration.

(a) If the State plan provides for the administration of the plan by a local agency, the designated State agency must—

(1) Ensure that each local agency is under the supervision of the designated State unit and is the sole local agency as defined in § 361.5(b)(47) that is responsible for the administration of the program within the political subdivision that it serves; and

(2) Develop methods that each local agency will use to administer the vocational rehabilitation program, in accordance with the State plan.

(b) A separate local agency serving individuals who are blind may administer that part of the plan relating to vocational rehabilitation of individuals who are blind, under the supervision of the designated State unit for individuals who are blind.

(Authority: Sections 7(24) and 101(a)(2)(A) of the Act; 29 U.S.C. 705(24) and 721(a)(2)(A))

§ 361.16 Establishment of an independent commission or a state rehabilitation council.

(a) *General requirement.* Except as provided in paragraph (b) of this section, the State plan must contain one of the following two assurances:

(1) An assurance that the designated State agency is an independent State commission that—

(i) Is responsible under State law for operating, or overseeing the operation of, the vocational rehabilitation program in the State and is primarily concerned with vocational rehabilitation or vocational and other rehabilitation services, in accordance with § 361.13(a)(1)(i);

(ii) Is consumer-controlled by persons who—

(A) Are individuals with physical or mental impairments that substantially limit major life activities; and

(B) Represent individuals with a broad range of disabilities, unless the designated State unit under the direction of the commission is the State agency for individuals who are blind;

(iii) Includes family members, advocates, or other representatives of individuals with mental impairments; and

(iv) Conducts the functions identified in § 361.17(h)(4).

(2) An assurance that—

(i) The State has established a State Rehabilitation Council (Council) that meets the requirements of § 361.17;

(ii) The designated State unit, in accordance with § 361.29, jointly develops, agrees to, and reviews annually State goals and priorities and jointly submits to the Secretary annual reports of progress with the Council;

(iii) The designated State unit regularly consults with the Council regarding the development, implementation, and revision of State policies and procedures of general applicability pertaining to the provision of vocational rehabilitation services;

(iv) The designated State unit transmits to the Council—

(A) All plans, reports, and other information required under this part to be submitted to the Secretary;

(B) All policies and information on all practices and procedures of general applicability provided to or used by rehabilitation personnel providing vocational rehabilitation services under this part; and

(C) Copies of due process hearing decisions issued under this part and transmitted in a manner to ensure that the identity of the participants in the hearings is kept confidential; and

(v) The State plan, and any revision to the State plan, includes a summary of input provided by the Council, including recommendations from the annual report of the Council, the review and analysis of consumer satisfaction described in § 361.17(h)(4), and other reports prepared by the Council, and the designated State unit's response to the input and recommendations, including explanations of reasons for rejecting any input or recommendation of the Council.

(b) *Exception for separate State agency for individuals who are blind.* In the case of a State that designates a separate State agency under § 361.13(a)(3) to administer the part of the State plan under which vocational rehabilitation services are provided to individuals who are blind, the State must either establish a separate State Rehabilitation Council for each agency that does not meet the requirements in paragraph (a)(1) of this section or establish one State Rehabilitation Council for both agencies if neither agency meets the requirements of paragraph (a)(1) of this section.

(Authority: Sections 101(a)(21) of the Act; 29 U.S.C. 721(a)(21))

§ 361.17 Requirements for a state rehabilitation council.

If the State has established a Council under § 361.16(a)(2) or (b), the Council must meet the following requirements:

(a) Appointment.

(1) The members of the Council must be appointed by the Governor or, in the case of a State that, under State law, vests authority for the administration of the activities carried out under this part in an entity other than the Governor (such as one or more houses of the State legislature or an independent board), the chief officer of that entity.

(2) The appointing authority must select members of the Council after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities. In selecting members, the appointing authority must consider, to the greatest extent practicable, the extent to which minority populations are represented on the Council.

(b) Composition.

(1) *General.* Except as provided in paragraph (b)(3) of this section, the Council must be composed of at least 15 members, including—

(i) At least one representative of the Statewide Independent Living Council, who must be the chairperson or other designee of the Statewide Independent Living Council;

(ii) At least one representative of a parent training and information center established pursuant to section 682(a) of the Individuals with Disabilities Education Act;

(iii) At least one representative of the Client Assistance Program established under 34 CFR part 370, who must be the director of or other individual recommended by the Client Assistance Program;

(iv) At least one qualified vocational rehabilitation counselor with knowledge of and experience with vocational rehabilitation programs who serves as an ex officio, nonvoting member of the Council if employed by the designated State agency;

(v) At least one representative of community rehabilitation program service providers;

(vi) Four representatives of business, industry, and labor;

(vii) Representatives of disability groups that include a cross section of—

(A) Individuals with physical, cognitive, sensory, and mental disabilities; and

(B) Representatives of individuals with disabilities who have difficulty representing themselves or are unable due to their disabilities to represent themselves;

(viii) Current or former applicants for, or recipients of, vocational rehabilitation services;

(ix) In a State in which one or more projects are carried out under section 121 of the Act (American Indian Vocational Rehabilitation Services), at least one representative of the directors of the projects;

(x) At least one representative of the State educational agency responsible for the public education of students with disabilities who are eligible to receive services under this part and part B of the Individuals with Disabilities Education Act;

(xi) At least one representative of the State workforce investment board; and

(xii) The director of the designated State unit as an ex officio, nonvoting member of the Council.

(2) *Employees of the designated State agency.* Employees of the designated State agency may serve only as nonvoting members of the Council. This provision does not apply to the representative appointed pursuant to paragraph (b)(1)(iii) of this section.

(3) *Composition of a separate Council for a separate State agency for individuals who are blind.* Except as provided in paragraph (b)(4) of this section, if the State establishes a separate Council for a separate State agency for individuals who are blind, that Council must—

(i) Conform with all of the composition requirements for a Council under paragraph (b)(1) of this section, except the requirements in paragraph (b)(1)(vii), unless the exception in paragraph (b)(4) of this section applies; and

(ii) Include—

(A) At least one representative of a disability advocacy group representing individuals who are blind; and

(B) At least one representative of an individual who is blind, has multiple disabilities, and has difficulty representing himself or herself or is unable due to disabilities to represent himself or herself.

(4) *Exception.* If State law in effect on October 29, 1992 requires a separate Council under paragraph (b)(3) of this section to have fewer than 15 members, the separate Council is in compliance with the composition requirements in paragraphs (b)(1)(vi) and (b)(1)(viii) of this section if it includes at least one representative who meets the requirements for each of those paragraphs.

(c) Majority.

(1) A majority of the Council members must be individuals with disabilities who meet the requirements of § 361.5(b)(29) and are not employed by the designated State unit.

(2) In the case of a separate Council established under § 361.16(b), a majority

of the Council members must be individuals who are blind and are not employed by the designated State unit.

(d) *Chairperson.* The chairperson must be—

(1) Selected by the members of the Council from among the voting members of the Council, subject to the veto power of the Governor; or

(2) In States in which the Governor does not have veto power pursuant to State law, the appointing authority described in paragraph (a)(1) of this section must designate a member of the Council to serve as the chairperson of the Council or must require the Council to designate a member to serve as chairperson.

(e) *Terms of appointment.*

(1) Each member of the Council must be appointed for a term of no more than 3 years, and each member of the Council, other than a representative identified in paragraph (b)(1)(iii) or (ix) of this section, may serve for no more than two consecutive full terms.

(2) A member appointed to fill a vacancy occurring prior to the end of the term for which the predecessor was appointed must be appointed for the remainder of the predecessor's term.

(3) The terms of service of the members initially appointed must be, as specified by the appointing authority as described in paragraph (a)(1) of this section, for varied numbers of years to ensure that terms expire on a staggered basis.

(f) *Vacancies.*

(1) A vacancy in the membership of the Council must be filled in the same manner as the original appointment, except the appointing authority as described in paragraph (a)(1) of this section may delegate the authority to fill that vacancy to the remaining members of the Council after making the original appointment.

(2) No vacancy affects the power of the remaining members to execute the duties of the Council.

(g) *Conflict of interest.* No member of the Council shall cast a vote on any matter that would provide direct financial benefit to the member or the member's organization or otherwise give the appearance of a conflict of interest under State law.

(h) *Functions.* The Council must, after consulting with the State workforce investment board—

(1) Review, analyze, and advise the designated State unit regarding the performance of the State unit's responsibilities under this part, particularly responsibilities related to—

(i) Eligibility, including order of selection;

(ii) The extent, scope, and effectiveness of services provided; and
(iii) Functions performed by State agencies that affect or potentially affect the ability of individuals with disabilities in achieving employment outcomes under this part;

(2) In partnership with the designated State unit—

(i) Develop, agree to, and review State goals and priorities in accordance with § 361.29(c); and

(ii) Evaluate the effectiveness of the vocational rehabilitation program and submit reports of progress to the Secretary in accordance with § 361.29(e);

(3) Advise the designated State agency and the designated State unit regarding activities carried out under this part and assist in the preparation of the State plan and amendments to the plan, applications, reports, needs assessments, and evaluations required by this part;

(4) To the extent feasible, conduct a review and analysis of the effectiveness of, and consumer satisfaction with—

(i) The functions performed by the designated State agency;

(ii) The vocational rehabilitation services provided by State agencies and other public and private entities responsible for providing vocational rehabilitation services to individuals with disabilities under the Act; and

(iii) The employment outcomes achieved by eligible individuals receiving services under this part, including the availability of health and other employment benefits in connection with those employment outcomes;

(5) Prepare and submit to the Governor and to the Secretary no later than 90 days after the end of the Federal fiscal year an annual report on the status of vocational rehabilitation programs operated within the State and make the report available to the public through appropriate modes of communication;

(6) To avoid duplication of efforts and enhance the number of individuals served, coordinate activities with the activities of other councils within the State, including the Statewide Independent Living Council established under 34 CFR part 364, the advisory panel established under section 612(a)(21) of the Individuals with Disabilities Education Act, the State Developmental Disabilities Planning Council described in section 124 of the Developmental Disabilities Assistance and Bill of Rights Act, the State mental health planning council established under section 1914(a) of the Public Health Service Act, and the State workforce investment board;

(7) Provide for coordination and the establishment of working relationships between the designated State agency and the Statewide Independent Living Council and centers for independent living within the State; and

(8) Perform other comparable functions, consistent with the purpose of this part, as the Council determines to be appropriate, that are comparable to the other functions performed by the Council.

(i) *Resources.*

(1) The Council, in conjunction with the designated State unit, must prepare a plan for the provision of resources, including staff and other personnel, that may be necessary and sufficient for the Council to carry out its functions under this part.

(2) The resource plan must, to the maximum extent possible, rely on the use of resources in existence during the period of implementation of the plan.

(3) Any disagreements between the designated State unit and the Council regarding the amount of resources necessary to carry out the functions of the Council must be resolved by the Governor, consistent with paragraphs (i)(1) and (2) of this section.

(4) The Council must, consistent with State law, supervise and evaluate the staff and personnel that are necessary to carry out its functions.

(5) Those staff and personnel that are assisting the Council in carrying out its functions may not be assigned duties by the designated State unit or any other agency or office of the State that would create a conflict of interest.

(j) *Meetings.* The Council must—

(1) Convene at least four meetings a year in locations determined by the Council to be necessary to conduct Council business. The meetings must be publicly announced, open, and accessible to the general public, including individuals with disabilities, unless there is a valid reason for an executive session; and

(2) Conduct forums or hearings, as appropriate, that are publicly announced, open, and accessible to the public, including individuals with disabilities.

(k) *Compensation.* Funds appropriated under Title I of the Act, except funds to carry out sections 112 and 121 of the Act, may be used to compensate and reimburse the expenses of Council members in accordance with section 105(g) of the Act.

(Authority: Section 105 of the Act; 29 U.S.C. 725)

§361.18 Comprehensive system of personnel development.

The State plan must describe the procedures and activities the State agency will undertake to establish and maintain a comprehensive system of personnel development designed to ensure an adequate supply of qualified rehabilitation personnel, including professionals and paraprofessionals, for the designated State unit. If the State agency has a State Rehabilitation Council, this description must, at a minimum, specify that the Council has an opportunity to review and comment on the development of plans, policies, and procedures necessary to meet the requirements of paragraphs (b) through (d) of this section. This description must also conform with the following requirements:

(a) *Data system on personnel and personnel development.* The State plan must describe the development and maintenance of a system by the State agency for collecting and analyzing on an annual basis data on qualified personnel needs and personnel development, in accordance with the following requirements:

(1) Data on qualified personnel needs must include—

(i) The number of personnel who are employed by the State agency in the provision of vocational rehabilitation services in relation to the number of individuals served, broken down by personnel category;

(ii) The number of personnel currently needed by the State agency to provide vocational rehabilitation services, broken down by personnel category; and

(iii) Projections of the number of personnel, broken down by personnel category, who will be needed by the State agency to provide vocational rehabilitation services in the State in 5 years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors.

(2) Data on personnel development must include—

(i) A list of the institutions of higher education in the State that are preparing vocational rehabilitation professionals, by type of program;

(ii) The number of students enrolled at each of those institutions, broken down by type of program; and

(iii) The number of students who graduated during the prior year from each of those institutions with certification or licensure, or with the credentials for certification or licensure, broken down by the personnel category

for which they have received, or have the credentials to receive, certification or licensure.

(b) *Plan for recruitment, preparation, and retention of qualified personnel.*

The State plan must describe the development, updating, and implementation of a plan to address the current and projected needs for personnel who are qualified in accordance with paragraph (c) of this section. The plan must identify the personnel needs based on the data collection and analysis system described in paragraph (a) of this section and must provide for the coordination and facilitation of efforts between the designated State unit and institutions of higher education and professional associations to recruit, prepare, and retain personnel who are qualified in accordance with paragraph (c) of this section, including personnel from minority backgrounds and personnel who are individuals with disabilities.

(c) *Personnel standards.*

(1) The State plan must include the State agency's policies and describe the procedures the State agency will undertake to establish and maintain standards to ensure that all professional and paraprofessional personnel needed within the designated State unit to carry out this part are appropriately and adequately prepared and trained, including—

(i) Standards that are consistent with any national or State-approved or -recognized certification, licensing, or registration requirements, or, in the absence of these requirements, other comparable requirements (including State personnel requirements) that apply to the profession or discipline in which that category of personnel is providing vocational rehabilitation services; and

(ii) To the extent that existing standards are not based on the highest requirements in the State, the steps the State is currently taking and the steps the State plans to take to retrain or hire personnel to meet standards that are based on the highest requirements in the State, including measures to notify State unit personnel, the institutions of higher education identified under paragraph (a)(2)(i) of this section, and other public agencies of these steps and the timelines for taking each step. The steps taken by the State unit under this paragraph must be described in a written plan that includes—

(A) Specific strategies for retraining, recruiting, and hiring personnel;

(B) The specific time period by which all State unit personnel will meet the

standards described in paragraph (c)(1)(i) of this section;

(C) Procedures for evaluating the State unit's progress in hiring or retraining personnel to meet applicable personnel standards within the time period established under paragraph (c)(1)(ii)(B) of this section; and

(D) In instances in which the State unit is unable to immediately hire new personnel who meet the requirements in paragraph (c)(1)(i) of this section, the initial minimum qualifications that the designated State unit will require of newly hired personnel and a plan for training those individuals to meet applicable requirements within the time period established under paragraph (c)(1)(ii)(B) of this section.

(2) As used in this section—

(i) *Highest requirements in the State applicable to that profession or discipline* means the highest entry-level academic degree needed for any national or State-approved or -recognized certification, licensing, registration, or, in the absence of these requirements, other comparable requirements that apply to that profession or discipline. The current requirements of all State statutes and regulations of other agencies in the State applicable to that profession or discipline must be considered and must be kept on file by the designated State unit and available to the public.

(ii) *Profession or discipline* means a specific occupational category, including any paraprofessional occupational category, that—

(A) Provides rehabilitation services to individuals with disabilities;

(B) Has been established or designated by the State unit; and

(C) Has a specified scope of responsibility.

(d) *Staff development.*

(1) The State plan must include the State agency's policies and describe the procedures and activities the State agency will undertake to ensure that all personnel employed by the State unit receive appropriate and adequate training, including a description of—

(i) A system of staff development for rehabilitation professionals and paraprofessionals within the State unit, particularly with respect to assessment, vocational counseling, job placement, and rehabilitation technology; and

(ii) Procedures for acquiring and disseminating to rehabilitation professionals and paraprofessionals within the designated State unit significant knowledge from research and other sources.

(2) The specific training areas for staff development must be based on the

needs of each State unit and may include, but are not limited to—

(i) Training regarding the Workforce Investment Act of 1998 and the amendments to the Rehabilitation Act of 1973 made by the Rehabilitation Act Amendments of 1998;

(ii) Training with respect to the requirements of the Americans with Disabilities Act, the Individuals with Disabilities Education Act, and Social Security work incentive programs, including programs under the Ticket to Work and Work Incentives Improvement Act of 1999, training to facilitate informed choice under this program, and training to improve the provision of services to culturally diverse populations; and

(iii) Activities related to—

(A) Recruitment and retention of qualified rehabilitation personnel;

(B) Succession planning; and

(C) Leadership development and capacity building.

(e) *Personnel to address individual communication needs.* The State plan must describe how the State unit—

(1) Includes among its personnel, or obtains the services of, individuals able to communicate in the native languages of applicants and eligible individuals who have limited English speaking ability; and

(2) Includes among its personnel, or obtains the services of, individuals able to communicate with applicants and eligible individuals in appropriate modes of communication.

(f) *Coordination with personnel development under the Individuals with Disabilities Education Act.* The State plan must describe the procedures and activities the State agency will undertake to coordinate its comprehensive system of personnel development under the Act with personnel development under the Individuals with Disabilities Education Act.

(Authority: Section 101(a)(7) of the Act; 29 U.S.C. 721(a)(7))

§ 361.19 Affirmative action for individuals with disabilities.

The State plan must assure that the State agency takes affirmative action to employ and advance in employment qualified individuals with disabilities covered under and on the same terms and conditions as stated in section 503 of the Act.

(Authority: Section 101(a)(6)(B) of the Act; 29 U.S.C. 721(a)(6)(B))

§ 361.20 Public participation requirements.

(a) *Conduct of public meetings.* The State plan must assure that prior to the adoption of any substantive policies or

procedures governing the provision of vocational rehabilitation services under the State plan, including making any substantive amendments to the policies and procedures, the designated State agency conducts public meetings throughout the State to provide the public, including individuals with disabilities, an opportunity to comment on the policies or procedures.

(b) *Notice requirements.* The State plan must assure that the designated State agency, prior to conducting the public meetings, provides appropriate and sufficient notice throughout the State of the meetings in accordance with—

(1) State law governing public meetings; or

(2) In the absence of State law governing public meetings, procedures developed by the designated State agency in consultation with the State Rehabilitation Council.

(c) *Summary of input of the State Rehabilitation Council.* The State plan must provide a summary of the input of the State Rehabilitation Council, if the State agency has a Council, into the State plan and any amendment to the plan, in accordance with § 361.16(a)(2)(v).

(d) *Special consultation requirements.* The State plan must assure that the State agency actively consults with the director of the Client Assistance Program, the State Rehabilitation Council, if the State agency has a Council, and, as appropriate, Indian tribes, tribal organizations, and native Hawaiian organizations on its policies and procedures governing the provision of vocational rehabilitation services under the State plan.

(e) *Appropriate modes of communication.* The State unit must provide to the public, through appropriate modes of communication, notices of the public meetings, any materials furnished prior to or during the public meetings, and the policies and procedures governing the provision of vocational rehabilitation services under the State plan.

(Authority: Sections 101(a)(16)(A) and 105(c)(3) of the Act; 29 U.S.C. 721(a)(16)(A), and 725(c)(3))

§ 361.21 Consultations regarding the administration of the state plan.

The State plan must assure that, in connection with matters of general policy arising in the administration of the State plan, the designated State agency takes into account the views of—

(a) Individuals and groups of individuals who are recipients of vocational rehabilitation services or, as

appropriate, the individuals' representatives;

(b) Personnel working in programs that provide vocational rehabilitation services to individuals with disabilities;

(c) Providers of vocational rehabilitation services to individuals with disabilities;

(d) The director of the Client Assistance Program; and

(e) The State Rehabilitation Council, if the State has a Council.

(Authority: Sections 101(a)(16)(B) of the Act; 29 U.S.C. 721(a)(16)(B))

§ 361.22 Coordination with education officials.

(a) *Plans, policies, and procedures.* (1) The State plan must contain plans, policies, and procedures for coordination between the designated State agency and education officials responsible for the public education of students with disabilities that are designed to facilitate the transition of students with disabilities from the receipt of educational services in school to the receipt of vocational rehabilitation services under the responsibility of the designated State agency.

(2) These plans, policies, and procedures in paragraph (a)(1) of this section must provide for the development and approval of an individualized plan for employment in accordance with § 361.45 as early as possible during the transition planning process but, at the latest, by the time each student determined to be eligible for vocational rehabilitation services leaves the school setting or, if the designated State unit is operating under an order of selection, before each eligible student able to be served under the order leaves the school setting.

(b) *Formal interagency agreement.* The State plan must include information on a formal interagency agreement with the State educational agency that, at a minimum, provides for—

(1) Consultation and technical assistance to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including vocational rehabilitation services;

(2) Transition planning by personnel of the designated State agency and educational agency personnel for students with disabilities that facilitates the development and completion of their individualized education programs (IEPs) under section 614(d) of the Individuals with Disabilities Education Act;

(3) The roles and responsibilities, including financial responsibilities, of

each agency, including provisions for determining State lead agencies and qualified personnel responsible for transition services; and

(4) Procedures for outreach to and identification of students with disabilities who are in need of transition services. Outreach to these students should occur as early as possible during the transition planning process and must include, at a minimum, a description of the purpose of the vocational rehabilitation program, eligibility requirements, application procedures, and scope of services that may be provided to eligible individuals.

(Authority: Section 101(a)(11)(D) of the Act; 29 U.S.C. 721 (a)(11)(D))

§ 361.23 Requirements related to the statewide workforce investment system.

(a) *Responsibilities as a partner of the One-Stop service delivery system.* As a required partner in the One-Stop service delivery system (which is part of the statewide workforce investment system under Title I of the Workforce Investment Act of 1998), the designated State unit must carry out the following functions consistent with the Act, this part, Title I of the Workforce Investment Act of 1998, and the regulations in 20 CFR part 662:

(1) Make available to participants through the One-Stop service delivery system the core services (as described in 20 CFR 662.240) that are applicable to the Program administered by the designated State unit under this part.

(2) Use a portion of funds made available to the Program administered by the designated State unit under this part, consistent with the Act and this part, to—

(i) Create and maintain the One-Stop service delivery system; and

(ii) Provide core services (as described in 20 CFR 662.240).

(3) Enter into a memorandum of understanding (MOU) with the Local Workforce Investment Board under section 117 of the Workforce Investment Act of 1998 relating to the operation of the One-Stop service delivery system that meets the requirements of section 121(c) of the Workforce Investment Act and 20 CFR 662.300, including a description of services, how the cost of the identified services and operating costs of the system will be funded, and methods for referrals.

(4) Participate in the operation of the One-Stop service delivery system consistent with the terms of the MOU and the requirements of the Act and this part.

(5) Provide representation on the Local Workforce Investment Board

under section 117 of the Workforce Investment Act of 1998.

(b) *Cooperative agreements with One-Stop partners.* (1) The State plan must assure that the designated State unit or the designated State agency enters into cooperative agreements with the other entities that are partners under the One-Stop service delivery system under Title I of the Workforce Investment Act of 1998 and replicates those agreements at the local level between individual offices of the designated State unit and local entities carrying out the One-Stop service delivery system or other activities through the statewide workforce investment system.

(2) Cooperative agreements developed under paragraph (b)(1) of this section may provide for—

(i) Intercomponent training and technical assistance regarding—

(A) The availability and benefits of, and information on eligibility standards for, vocational rehabilitation services; and

(B) The promotion of equal, effective and meaningful participation by individuals with disabilities in the One-Stop service delivery system and other workforce investment activities through the promotion of program accessibility consistent with the requirements of the Americans with Disabilities Act of 1990 and section 504 of the Act, the use of nondiscriminatory policies and procedures, and the provision of reasonable accommodations, auxiliary aids and services, and rehabilitation technology for individuals with disabilities;

(ii) The use of information and financial management systems that link all of the partners of the One-Stop service delivery system to one another and to other electronic networks, including nonvisual electronic networks, and that relate to subjects such as employment statistics, job vacancies, career planning, and workforce investment activities;

(iii) The use of customer service features such as common intake and referral procedures, customer databases, resource information, and human services hotlines;

(iv) The establishment of cooperative efforts with employers to facilitate job placement and carry out other activities that the designated State unit and the employers determine to be appropriate;

(v) The identification of staff roles, responsibilities, and available resources and specification of the financial responsibility of each partner of the One-Stop service delivery system with respect to providing and paying for necessary services, consistent with the requirements of the Act, this part, other

Federal requirements, and State law; and

(vi) The specification of procedures for resolving disputes among partners of the One-Stop service delivery system.

(Authority: Section 101(a)(11)(A) of the Act; 29 U.S.C. 721(a)(11)(A); Sections 121 and 134 of the Workforce Investment Act of 1998; 29 U.S.C. 2841 and 2864)

§ 361.24 Cooperation and coordination with other entities.

(a) *Interagency cooperation.* The State plan must describe the designated State agency's cooperation with and use of the services and facilities of Federal, State, and local agencies and programs, including programs carried out by the Under Secretary for Rural Development of the Department of Agriculture and State use contracting programs, to the extent that those agencies and programs are not carrying out activities through the statewide workforce investment system.

(b) *Coordination with the Statewide Independent Living Council and independent living centers.* The State plan must assure that the designated State unit, the Statewide Independent Living Council established under 34 CFR part 364, and the independent living centers established under 34 CFR part 366 have developed working relationships and coordinate their activities.

(c) *Cooperative agreement with recipients of grants for services to American Indians.*

(1) *General.* In applicable cases, the State plan must assure that the designated State agency has entered into a formal cooperative agreement with each grant recipient in the State that receives funds under part C of the Act (American Indian Vocational Rehabilitation Services).

(2) *Contents of formal cooperative agreement.* The agreement required under paragraph (a)(1) of this section must describe strategies for collaboration and coordination in providing vocational rehabilitation services to American Indians who are individuals with disabilities, including—

(i) Strategies for interagency referral and information sharing that will assist in eligibility determinations and the development of individualized plans for employment;

(ii) Procedures for ensuring that American Indians who are individuals with disabilities and are living near a reservation or tribal service area are provided vocational rehabilitation services; and

(iii) Provisions for sharing resources in cooperative studies and assessments,

joint training activities, and other collaborative activities designed to improve the provision of services to American Indians who are individuals with disabilities.

(d) *Reciprocal referral services between two designated State units in the same State.* If there is a separate designated State unit for individuals who are blind, the two designated State units must establish reciprocal referral services, use each other's services and facilities to the extent feasible, jointly plan activities to improve services in the State for individuals with multiple impairments, including visual impairments, and otherwise cooperate to provide more effective services, including, if appropriate, entering into a written cooperative agreement.

(Authority: Sections 12(c) and 101(a)(11)(C), (E), and (F) of the Act; 29 U.S.C. 709(c) and 721(a)(11) (C), (E), and (F))

§ 361.25 Statewide.

The State plan must assure that services provided under the State plan will be available in all political subdivisions of the State, unless a waiver of statewide is requested and approved in accordance with § 361.26.

(Authority: Section 101(a)(4) of the Act; 29 U.S.C. 721(a)(4))

§ 361.26 Waiver of statewide.

(a) *Availability.* The State unit may provide services in one or more political subdivisions of the State that increase services or expand the scope of services that are available statewide under the State plan if—

(1) The non-Federal share of the cost of these services is met from funds provided by a local public agency, including funds contributed to a local public agency by a private agency, organization, or individual;

(2) The services are likely to promote the vocational rehabilitation of substantially larger numbers of individuals with disabilities or of individuals with disabilities with particular types of impairments; and

(3) For purposes other than those specified in § 361.60(b)(3)(i) and consistent with the requirements in § 361.60(b)(3)(ii), the State includes in its State plan, and the Secretary approves, a waiver of the statewide requirement, in accordance with the requirements of paragraph (b) of this section.

(b) *Request for waiver.* The request for a waiver of statewide must—

(1) Identify the types of services to be provided;

(2) Contain a written assurance from the local public agency that it will make

available to the State unit the non-Federal share of funds;

(3) Contain a written assurance that State unit approval will be obtained for each proposed service before it is put into effect; and

(4) Contain a written assurance that all other State plan requirements, including a State's order of selection requirements, will apply to all services approved under the waiver.

(Authority: Section 101(a)(4) of the Act; 29 U.S.C. 721(a)(4))

§ 361.27 Shared funding and administration of joint programs.

(a) If the State plan provides for the designated State agency to share funding and administrative responsibility with another State agency or local public agency to carry out a joint program to provide services to individuals with disabilities, the State must submit to the Secretary for approval a plan that describes its shared funding and administrative arrangement.

(b) The plan under paragraph (a) of this section must include—

(1) A description of the nature and scope of the joint program;

(2) The services to be provided under the joint program;

(3) The respective roles of each participating agency in the administration and provision of services; and

(4) The share of the costs to be assumed by each agency.

(c) If a proposed joint program does not comply with the statewide requirement in § 361.25, the State unit must obtain a waiver of statewide, in accordance with § 361.26.

(Authority: Section 101(a)(2)(A) of the Act; 29 U.S.C. 721(a)(2)(A))

§ 361.28 Third-party cooperative arrangements involving funds from other public agencies.

(a) The designated State unit may enter into a third-party cooperative arrangement for providing or administering vocational rehabilitation services with another State agency or a local public agency that is furnishing part or all of the non-Federal share, if the designated State unit ensures that—

(1) The services provided by the cooperating agency are not the customary or typical services provided by that agency but are new services that have a vocational rehabilitation focus or existing services that have been modified, adapted, expanded, or reconfigured to have a vocational rehabilitation focus;

(2) The services provided by the cooperating agency are only available to

applicants for, or recipients of, services from the designated State unit;

(3) Program expenditures and staff providing services under the cooperative arrangement are under the administrative supervision of the designated State unit; and

(4) All State plan requirements, including a State's order of selection, will apply to all services provided under the cooperative program.

(b) If a third party cooperative agreement does not comply with the statewide requirement in § 361.25, the State unit must obtain a waiver of statewide, in accordance with § 361.26.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

§ 361.29 Statewide assessment; annual estimates; annual State goals and priorities; strategies; and progress reports.

(a) *Comprehensive statewide assessment.* (1) The State plan must include—

(i) The results of a comprehensive, statewide assessment, jointly conducted by the designated State unit and the State Rehabilitation Council (if the State unit has a Council) every 3 years describing the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation services needs of—

(A) Individuals with the most significant disabilities, including their need for supported employment services;

(B) Individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program carried out under this part; and

(C) Individuals with disabilities served through other components of the statewide workforce investment system as identified by those individuals and personnel assisting those individuals through the components of the system; and

(ii) An assessment of the need to establish, develop, or improve community rehabilitation programs within the State.

(2) The State plan must assure that the State will submit to the Secretary a report containing information regarding updates to the assessments under paragraph (a) of this section for any year in which the State updates the assessments.

(b) *Annual estimates.* The State plan must include, and must assure that the State will annually submit a report to the Secretary that includes, State estimates of—

(1) The number of individuals in the State who are eligible for services under this part;

(2) The number of eligible individuals who will receive services provided with funds provided under part B of Title I of the Act and under part B of Title VI of the Act, including, if the designated State agency uses an order of selection in accordance with § 361.36, estimates of the number of individuals to be served under each priority category within the order; and

(3) The costs of the services described in paragraph (b)(1) of this section, including, if the designated State agency uses an order of selection, the service costs for each priority category within the order.

(c) Goals and priorities.

(1) *In general.* The State plan must identify the goals and priorities of the State in carrying out the program.

(2) *Council.* The goals and priorities must be jointly developed, agreed to, reviewed annually, and, as necessary, revised by the designated State unit and the State Rehabilitation Council, if the State unit has a Council.

(3) *Submission.* The State plan must assure that the State will submit to the Secretary a report containing information regarding revisions in the goals and priorities for any year in which the State revises the goals and priorities.

(4) *Basis for goals and priorities.* The State goals and priorities must be based on an analysis of—

(i) The comprehensive statewide assessment described in paragraph (a) of this section, including any updates to the assessment;

(ii) The performance of the State on the standards and indicators established under section 106 of the Act; and

(iii) Other available information on the operation and the effectiveness of the vocational rehabilitation program carried out in the State, including any reports received from the State Rehabilitation Council under § 361.17(h) and the findings and recommendations from monitoring activities conducted under section 107 of the Act.

(5) *Service and outcome goals for categories in order of selection.* If the designated State agency uses an order of selection in accordance with § 361.36, the State plan must identify the State's service and outcome goals and the time within which these goals may be achieved for individuals in each priority category within the order.

(d) *Strategies.* The State plan must describe the strategies the State will use to address the needs identified in the assessment conducted under paragraph

(a) of this section and achieve the goals and priorities identified in paragraph (c) of this section, including—

(1) The methods to be used to expand and improve services to individuals with disabilities, including how a broad range of assistive technology services and assistive technology devices will be provided to those individuals at each stage of the rehabilitation process and how those services and devices will be provided to individuals with disabilities on a statewide basis;

(2) Outreach procedures to identify and serve individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program;

(3) As applicable, the plan of the State for establishing, developing, or improving community rehabilitation programs;

(4) Strategies to improve the performance of the State with respect to the evaluation standards and performance indicators established pursuant to section 106 of the Act; and

(5) Strategies for assisting other components of the statewide workforce investment system in assisting individuals with disabilities.

(e) Evaluation and reports of progress.

(1) The State plan must include—

(i) The results of an evaluation of the effectiveness of the vocational rehabilitation program; and

(ii) A joint report by the designated State unit and the State Rehabilitation Council, if the State unit has a Council, to the Secretary on the progress made in improving the effectiveness of the program from the previous year. This evaluation and joint report must include—

(A) An evaluation of the extent to which the goals and priorities identified in paragraph (c) of this section were achieved;

(B) A description of the strategies that contributed to the achievement of the goals and priorities;

(C) To the extent to which the goals and priorities were not achieved, a description of the factors that impeded that achievement; and

(D) An assessment of the performance of the State on the standards and indicators established pursuant to section 106 of the Act.

(2) The State plan must assure that the designated State unit and the State Rehabilitation Council, if the State unit has a Council, will jointly submit to the Secretary an annual report that contains the information described in paragraph (e)(1) of this section.

(Authority: Section 101(a)(15) of the Act; 29 U.S.C. 721(a)(15))

§ 361.30 Services to American Indians.

The State plan must assure that the designated State agency provides vocational rehabilitation services to American Indians who are individuals with disabilities residing in the State to the same extent as the designated State agency provides vocational rehabilitation services to other significant populations of individuals with disabilities residing in the State.

(Authority: Sections 101(a)(13) and 121(b)(3) of the Act; 29 U.S.C. 721(a)(13) and 741(b)(3))

§ 361.31 Cooperative agreements with private nonprofit organizations.

The State plan must describe the manner in which cooperative agreements with private nonprofit vocational rehabilitation service providers will be established.

(Authority: Sections 101(a)(24)(B); 29 U.S.C. 721(a)(24)(B))

§ 361.32 Use of profitmaking organizations for on-the-job training in connection with selected projects.

The State plan must assure that the designated State agency has the authority to enter into contracts with for-profit organizations for the purpose of providing, as vocational rehabilitation services, on-the-job training and related programs for individuals with disabilities under the Projects With Industry program, 34 CFR part 379, if the designated State agency has determined that for-profit agencies are better qualified to provide needed vocational rehabilitation services than nonprofit agencies and organizations.

(Authority: Section 101(a)(24)(A) of the Act; 29 U.S.C. 721(a)(24)(A))

§ 361.33 [Reserved]

§ 361.34 Supported employment State plan supplement.

(a) The State plan must assure that the State has an acceptable plan under 34 CFR part 363 that provides for the use of funds under that part to supplement funds under this part for the cost of services leading to supported employment.

(b) The supported employment plan, including any needed annual revisions, must be submitted as a supplement to the State plan submitted under this part.

(Authority: Sections 101(a)(22) and 625(a) of the Act; 29 U.S.C. 721(a)(22) and 795(k))

§ 361.35 Innovation and expansion activities.

(a) The State plan must assure that the State will reserve and use a portion of the funds allotted to the State under section 110 of the Act—

(1) For the development and implementation of innovative

approaches to expand and improve the provision of vocational rehabilitation services to individuals with disabilities, particularly individuals with the most significant disabilities, consistent with the findings of the comprehensive, statewide assessment of the rehabilitation needs of individuals with disabilities under § 361.29(a) and the State's goals and priorities under § 361.29(c); and

(2) To support the funding of—

(i) The State Rehabilitation Council, if the State has a Council, consistent with the resource plan identified in § 361.17(i); and

(ii) The Statewide Independent Living Council, consistent with the plan prepared under 34 CFR 364.21(i).

(b) The State plan must—

(1) Describe how the reserved funds will be used; and

(2) Include, on an annual basis, a report describing how the reserved funds were used during the preceding year.

(Authority: Section 101(a)(18) of the Act; 29 U.S.C. 721(a)(18))

§ 361.36 Ability to serve all eligible individuals; order of selection for services.

(a) *General provisions.*

(1) The designated State unit either must be able to provide the full range of services listed in section 103(a) of the Act and § 361.48, as appropriate, to all eligible individuals or, in the event that vocational rehabilitation services cannot be provided to all eligible individuals in the State who apply for the services, include in the State plan the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services.

(2) The ability of the designated State unit to provide the full range of vocational rehabilitation services to all eligible individuals must be supported by a determination that satisfies the requirements of paragraph (b) or (c) of this section and a determination that, on the basis of the designated State unit's projected fiscal and personnel resources and its assessment of the rehabilitation needs of individuals with significant disabilities within the State, it can—

(i) Continue to provide services to all individuals currently receiving services;

(ii) Provide assessment services to all individuals expected to apply for services in the next fiscal year;

(iii) Provide services to all individuals who are expected to be determined eligible in the next fiscal year; and

(iv) Meet all program requirements.

(3) If the designated State unit is unable to provide the full range vocational rehabilitation services to all eligible individuals in the State who

apply for the services, the State plan must—

(i) Show the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services;

(ii) Provide a justification for the order of selection;

(iii) Identify service and outcome goals and the time within which the goals may be achieved for individuals in each priority category within the order, as required under § 361.29(c)(5); and

(iv) Assure that—

(A) In accordance with criteria established by the State for the order of selection, individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services; and

(B) Individuals who do not meet the order of selection criteria will have access to services provided through the information and referral system established under § 361.37.

(b) *Basis for assurance that services can be provided to all eligible individuals.*

(1) For a designated State unit that determined, for the current fiscal year and the preceding fiscal year, that it is able to provide the full range of services, as appropriate, to all eligible individuals, the State unit, during the current fiscal and preceding fiscal year, must have in fact—

(i) Provided assessment services to all applicants and the full range of services, as appropriate, to all eligible individuals;

(ii) Made referral forms widely available throughout the State;

(iii) Conducted outreach efforts to identify and serve individuals with disabilities who have been unserved or underserved by the vocational rehabilitation system; and

(iv) Not delayed, through waiting lists or other means, determinations of eligibility, the development of individualized plans for employment for individuals determined eligible for vocational rehabilitation services, or the provision of services for eligible individuals for whom individualized plans for employment have been developed.

(2) For a designated State unit that was unable to provide the full range of services to all eligible individuals during the current or preceding fiscal year or that has not met the requirements in paragraph (b)(1) of this section, the determination that the designated State unit is able to provide the full range of vocational rehabilitation services to all eligible individuals in the next fiscal year must be based on—

(i) Circumstances that have changed that will allow the designated State unit to meet the requirements of paragraph (a)(2) of this section in the next fiscal year, including—

(A) An estimate of the number of and projected costs of serving, in the next fiscal year, individuals with existing individualized plans for employment;

(B) The projected number of individuals with disabilities who will apply for services and will be determined eligible in the next fiscal year and the projected costs of serving those individuals;

(C) The projected costs of administering the program in the next fiscal year, including, but not limited to, costs of staff salaries and benefits, outreach activities, and required statewide studies; and

(D) The projected revenues and projected number of qualified personnel for the program in the next fiscal year;

(ii) Comparable data, as relevant, for the current or preceding fiscal year, or for both years, of the costs listed in paragraphs (b)(2)(i)(A) through (C) of this section and the resources identified in paragraph (b)(2)(i)(D) of this section and an explanation of any projected increases or decreases in these costs and resources; and

(iii) A determination that the projected revenues and the projected number of qualified personnel for the program in the next fiscal year are adequate to cover the costs identified in paragraphs (b)(2)(i)(A) through (C) of this section to ensure the provision of the full range of services, as appropriate, to all eligible individuals.

(c) *Determining need for establishing and implementing an order of selection.*

(1) The designated State unit must determine, prior to the beginning of each fiscal year, whether to establish and implement an order of selection.

(2) If the designated State unit determines that it does not need to establish an order of selection, it must reevaluate this determination whenever changed circumstances during the course of a fiscal year, such as a decrease in its fiscal or personnel resources or an increase in its program costs, indicate that it may no longer be able to provide the full range of services, as appropriate, to all eligible individuals, as described in paragraph (a)(2) of this section.

(3) If a DSU establishes an order of selection, but determines that it does not need to implement that order at the beginning of the fiscal year, it must continue to meet the requirements of paragraph (a)(2) of this section, or it must implement the order of selection

by closing one or more priority categories.

(d) *Establishing an order of selection.*

(1) *Basis for order of selection.* An order of selection must be based on a refinement of the three criteria in the definition of "individual with a significant disability" in section 7(21)(A) of the Act and § 361.5(b)(31).

(2) *Factors that cannot be used in determining order of selection of eligible individuals.* An order of selection may not be based on any other factors, including—

(i) Any duration of residency requirement, provided the individual is present in the State;

(ii) Type of disability;

(iii) Age, gender, race, color, or national origin;

(iv) Source of referral;

(v) Type of expected employment outcome;

(vi) The need for specific services or anticipated cost of services required by an individual; or

(vii) The income level of an individual or an individual's family.

(e) *Administrative requirements.* In administering the order of selection, the designated State unit must—

(1) Implement the order of selection on a statewide basis;

(2) Notify all eligible individuals of the priority categories in a State's order of selection, their assignment to a particular category, and their right to appeal their category assignment;

(3) Continue to provide all needed services to any eligible individual who has begun to receive services under an individualized plan for employment prior to the effective date of the order of selection, irrespective of the severity of the individual's disability; and

(4) Ensure that its funding arrangements for providing services under the State plan, including third-party arrangements and awards under the establishment authority, are consistent with the order of selection. If any funding arrangements are inconsistent with the order of selection, the designated State unit must renegotiate these funding arrangements so that they are consistent with the order of selection.

(f) *State Rehabilitation Council.* The designated State unit must consult with the State Rehabilitation Council, if the State unit has a Council, regarding the—

(1) Need to establish an order of selection, including any reevaluation of the need under paragraph (c)(2) of this section;

(2) Priority categories of the particular order of selection;

(3) Criteria for determining individuals with the most significant disabilities; and

(4) Administration of the order of selection.

(Authority: Sections 12(d); 101(a)(5); 101(a)(12); 101(a)(15)(A), (B) and (C); 101(a)(21)(A)(ii); and 504(a) of the Act; 29 U.S.C. 709(d), 721(a)(5), 721(a)(12), 721(a)(15)(A), (B) and (C); 721(a)(21)(A)(ii), and 794(a))

§ 361.37 Information and referral services.

(a) *General provisions.* The State plan must assure that—

(1) The designated State agency will implement an information and referral system adequate to ensure that individuals with disabilities, including eligible individuals who do not meet the agency's order of selection criteria for receiving vocational rehabilitation services if the agency is operating on an order of selection, are provided accurate vocational rehabilitation information and guidance (which may include counseling and referral for job placement) using appropriate modes of communication to assist them in preparing for, securing, retaining, or regaining employment; and

(2) The designated State agency will refer individuals with disabilities to other appropriate Federal and State programs, including other components of the statewide workforce investment system.

(b) *Criteria for appropriate referrals.* In making the referrals identified in paragraph (a)(2) of this section, the designated State unit must—

(1) Refer the individual to Federal or State programs, including programs carried out by other components of the statewide workforce investment system, best suited to address the specific employment needs of an individual with a disability; and

(2) Provide the individual who is being referred—

(i) A notice of the referral by the designated State agency to the agency carrying out the program;

(ii) Information identifying a specific point of contact within the agency to which the individual is being referred; and

(iii) Information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

(c) *Order of selection.* In providing the information and referral services under this section to eligible individuals who are not in the priority category or categories to receive vocational rehabilitation services under the State's order of selection, the State unit must identify, as part of its reporting under section 101(a)(10) of the Act and § 361.40, the number of eligible individuals who did not meet the

agency's order of selection criteria for receiving vocational rehabilitation services and did receive information and referral services under this section.

(Authority: Sections 101(a)(5)(D) and (20) and 101(a)(10)(C)(ii) of the Act; 29 U.S.C. 721(a)(5)(D) and (20) and (a)(10)(C)(ii))

§ 361.38 Protection, use, and release of personal information.

(a) *General provisions.*

(1) The State agency and the State unit must adopt and implement written policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names. These policies and procedures must ensure that—

(i) Specific safeguards are established to protect current and stored personal information;

(ii) All applicants and eligible individuals and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;

(iii) All applicants or their representatives are informed about the State unit's need to collect personal information and the policies governing its use, including—

(A) Identification of the authority under which information is collected;

(B) Explanation of the principal purposes for which the State unit intends to use or release the information;

(C) Explanation of whether providing requested information to the State unit is mandatory or voluntary and the effects of not providing requested information;

(D) Identification of those situations in which the State unit requires or does not require informed written consent of the individual before information may be released; and

(E) Identification of other agencies to which information is routinely released;

(iv) An explanation of State policies and procedures affecting personal information will be provided to each individual in that individual's native language or through the appropriate mode of communication; and

(v) These policies and procedures provide no fewer protections for individuals than State laws and regulations.

(2) The State unit may establish reasonable fees to cover extraordinary costs of duplicating records or making extensive searches and must establish policies and procedures governing access to records.

(b) *State program use.* All personal information in the possession of the State agency or the designated State unit must be used only for the purposes directly connected with the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with advisory or other bodies that do not have official responsibility for administration of the program. In the administration of the program, the State unit may obtain personal information from service providers and cooperating agencies under assurances that the information may not be further divulged, except as provided under paragraphs (c), (d), and (e) of this section.

(c) *Release to applicants and eligible individuals.*

(1) Except as provided in paragraphs (c)(2) and (c)(3) of this section, if requested in writing by an applicant or eligible individual, the State unit must make all requested information in that individual's record of services accessible to and must release the information to the individual or the individual's representative in a timely manner.

(2) Medical, psychological, or other information that the State unit determines may be harmful to the individual may not be released directly to the individual, but must be provided to the individual through a third party chosen by the individual, which may include, among others, an advocate, a family member, or a qualified medical or mental health professional, unless a representative has been appointed by a court to represent the individual, in which case the information must be released to the court-appointed representative.

(3) If personal information has been obtained from another agency or organization, it may be released only by, or under the conditions established by, the other agency or organization.

(4) An applicant or eligible individual who believes that information in the individual's record of services is inaccurate or misleading may request that the designated State unit amend the information. If the information is not amended, the request for an amendment must be documented in the record of services, consistent with § 361.47(a)(12).

(d) *Release for audit, evaluation, and research.* Personal information may be released to an organization, agency, or individual engaged in audit, evaluation, or research only for purposes directly connected with the administration of the vocational rehabilitation program or for purposes that would significantly

improve the quality of life for applicants and eligible individuals and only if the organization, agency, or individual assures that—

(1) The information will be used only for the purposes for which it is being provided;

(2) The information will be released only to persons officially connected with the audit, evaluation, or research;

(3) The information will not be released to the involved individual;

(4) The information will be managed in a manner to safeguard confidentiality; and

(5) The final product will not reveal any personal identifying information without the informed written consent of the involved individual or the individual's representative.

(e) *Release to other programs or authorities.*

(1) Upon receiving the informed written consent of the individual or, if appropriate, the individual's representative, the State unit may release personal information to another agency or organization for its program purposes only to the extent that the information may be released to the involved individual or the individual's representative and only to the extent that the other agency or organization demonstrates that the information requested is necessary for its program.

(2) Medical or psychological information that the State unit determines may be harmful to the individual may be released if the other agency or organization assures the State unit that the information will be used only for the purpose for which it is being provided and will not be further released to the individual.

(3) The State unit must release personal information if required by Federal law or regulations.

(4) The State unit must release personal information in response to investigations in connection with law enforcement, fraud, or abuse, unless expressly prohibited by Federal or State laws or regulations, and in response to an order issued by a judge, magistrate, or other authorized judicial officer.

(5) The State unit also may release personal information in order to protect the individual or others if the individual poses a threat to his or her safety or to the safety of others.

(Authority: Sections 12(c) and 101(a)(6)(A) of the Act; 29 U.S.C. 709(c) and 721(a)(6)(A))

§ 361.39 State-imposed requirements.

The designated State unit must, upon request, identify those regulations and policies relating to the administration or operation of its vocational rehabilitation program that are State-imposed,

including any regulations or policy based on State interpretation of any Federal law, regulations, or guideline.

(Authority: Section 17 of the Act; 29 U.S.C. 714)

§ 361.40 Reports.

(a) The State plan must assure that the designated State agency will submit reports, including reports required under sections 13, 14, and 101(a)(10) of the Act—

(1) In the form and level of detail and at the time required by the Secretary regarding applicants for and eligible individuals receiving services under this part; and

(2) In a manner that provides a complete count (other than the information obtained through sampling consistent with section 101(a)(10)(E) of the Act) of the applicants and eligible individuals to—

(i) Permit the greatest possible cross-classification of data; and

(ii) Protect the confidentiality of the identity of each individual.

(b) The designated State agency must comply with any requirements necessary to ensure the accuracy and verification of those reports.

(Authority: Section 101(a)(10)(A) and (F) of the Act; 29 U.S.C. 721(a)(10)(A) and (F))

Provision and Scope of Services

§ 361.41 Processing referrals and applications.

(a) *Referrals.* The designated State unit must establish and implement standards for the prompt and equitable handling of referrals of individuals for vocational rehabilitation services, including referrals of individuals made through the One-Stop service delivery systems established under section 121 of the Workforce Investment Act of 1998. The standards must include timelines for making good faith efforts to inform these individuals of application requirements and to gather information necessary to initiate an assessment for determining eligibility and priority for services.

(b) *Applications.*

(1) Once an individual has submitted an application for vocational rehabilitation services, including applications made through common intake procedures in One-Stop centers established under section 121 of the Workforce Investment Act of 1998, an eligibility determination must be made within 60 days, unless—

(i) Exceptional and unforeseen circumstances beyond the control of the designated State unit preclude making an eligibility determination within 60 days and the designated State unit and

the individual agree to a specific extension of time; or

(ii) An exploration of the individual's abilities, capabilities, and capacity to perform in work situations is carried out in accordance with § 361.42(e) or, if appropriate, an extended evaluation is carried out in accordance with § 361.42(f).

(2) An individual is considered to have submitted an application when the individual or the individual's representative, as appropriate—

(i)(A) Has completed and signed an agency application form;

(B) Has completed a common intake application form in a One-Stop center requesting vocational rehabilitation services; or

(C) Has otherwise requested services from the designated State unit;

(ii) Has provided to the designated State unit information necessary to initiate an assessment to determine eligibility and priority for services; and

(iii) Is available to complete the assessment process.

(3) The designated State unit must ensure that its application forms are widely available throughout the State, particularly in the One-Stop centers established under section 121 of the Workforce Investment Act of 1998.

(Authority: Sections 101(a)(6)(A) and 102(a)(6) of the Act; 29 U.S.C. 721(a)(6)(A) and 722(a)(6))

§ 361.42 Assessment for determining eligibility and priority for services.

In order to determine whether an individual is eligible for vocational rehabilitation services and the individual's priority under an order of selection for services (if the State is operating under an order of selection), the designated State unit must conduct an assessment for determining eligibility and priority for services. The assessment must be conducted in the most integrated setting possible, consistent with the individual's needs and informed choice, and in accordance with the following provisions:

(a) *Eligibility requirements.*

(1) *Basic requirements.* The designated State unit's determination of an applicant's eligibility for vocational rehabilitation services must be based only on the following requirements:

(i) A determination by qualified personnel that the applicant has a physical or mental impairment.

(ii) A determination by qualified personnel that the applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant.

(iii) A determination by a qualified vocational rehabilitation counselor

employed by the designated State unit that the applicant requires vocational rehabilitation services to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(iv) A presumption, in accordance with paragraph (a)(2) of this section, that the applicant can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.

(2) *Presumption of benefit.* The designated State unit must presume that an applicant who meets the eligibility requirements in paragraphs (a)(1)(i) and (ii) of this section can benefit in terms of an employment outcome unless it demonstrates, based on clear and convincing evidence, that the applicant is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the applicant's disability.

(3) *Presumption of eligibility for Social Security recipients and beneficiaries.*

(i) Any applicant who has been determined eligible for Social Security benefits under Title II or Title XVI of the Social Security Act is—

(A) Presumed eligible for vocational rehabilitation services under paragraphs (a)(1) and (2) of this section; and

(B) Considered an individual with a significant disability as defined in § 361.5(b)(31).

(ii) If an applicant for vocational rehabilitation services asserts that he or she is eligible for Social Security benefits under Title II or Title XVI of the Social Security Act (and, therefore, is presumed eligible for vocational rehabilitation services under paragraph (a)(3)(i)(A) of this section), but is unable to provide appropriate evidence, such as an award letter, to support that assertion, the State unit must verify the applicant's eligibility under Title II or Title XVI of the Social Security Act by contacting the Social Security Administration. This verification must be made within a reasonable period of time that enables the State unit to determine the applicant's eligibility for vocational rehabilitation services within 60 days of the individual submitting an application for services in accordance with § 361.41(b)(2).

(4) *Achievement of an employment outcome.* Any eligible individual, including an individual whose eligibility for vocational rehabilitation services is based on the individual being eligible for Social Security benefits under Title II or Title XVI of the Social Security Act, must intend to achieve an

employment outcome that is consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(i) The State unit is responsible for informing individuals, through its application process for vocational rehabilitation services, that individuals who receive services under the program must intend to achieve an employment outcome.

(ii) The applicant's completion of the application process for vocational rehabilitation services is sufficient evidence of the individual's intent to achieve an employment outcome, and no additional demonstration on the part of the applicant is required for purposes of satisfying paragraph (a)(4) of this section.

(5) *Interpretation.* Nothing in this section, including paragraph (a)(3)(i), is to be construed to create an entitlement to any vocational rehabilitation service.

(b) *Interim determination of eligibility.*

(1) The designated State unit may initiate the provision of vocational rehabilitation services for an applicant on the basis of an interim determination of eligibility prior to the 60-day period described in § 361.41(b)(2).

(2) If a State chooses to make interim determinations of eligibility, the designated State unit must—

(i) Establish criteria and conditions for making those determinations;

(ii) Develop and implement procedures for making the determinations; and

(iii) Determine the scope of services that may be provided pending the final determination of eligibility.

(3) If a State elects to use an interim eligibility determination, the designated State unit must make a final determination of eligibility within 60 days of the individual submitting an application for services in accordance with § 361.41(b)(2).

(c) *Prohibited factors.*

(1) The State plan must assure that the State unit will not impose, as part of determining eligibility under this section, a duration of residence requirement that excludes from services any applicant who is present in the State.

(2) In making a determination of eligibility under this section, the designated State unit also must ensure that—

(i) No applicant or group of applicants is excluded or found ineligible solely on the basis of the type of disability; and

(ii) The eligibility requirements are applied without regard to the—

(A) Age, gender, race, color, or national origin of the applicant;

(B) Type of expected employment outcome;

(C) Source of referral for vocational rehabilitation services; and

(D) Particular service needs or anticipated cost of services required by an applicant or the income level of an applicant or applicant's family.

(d) *Review and assessment of data for eligibility determination.* Except as provided in paragraph (e) of this section, the designated State unit—

(1) Must base its determination of each of the basic eligibility requirements in paragraph (a) of this section on—

(i) A review and assessment of existing data, including counselor observations, education records, information provided by the individual or the individual's family, particularly information used by education officials, and determinations made by officials of other agencies; and

(ii) To the extent existing data do not describe the current functioning of the individual or are unavailable, insufficient, or inappropriate to make an eligibility determination, an assessment of additional data resulting from the provision of vocational rehabilitation services, including trial work experiences, assistive technology services and services, personal assistance services, and any other support services that are necessary to determine whether an individual is eligible; and

(2) Must base its presumption under paragraph (a)(3)(i) of this section that an applicant who has been determined eligible for Social Security benefits under Title II or Title XVI of the Social Security Act satisfies each of the basic eligibility requirements in paragraph (a) of this section on determinations made by the Social Security Administration.

(e) *Trial work experiences for individuals with significant disabilities.*

(1) Prior to any determination that an individual with a disability is incapable of benefiting from vocational rehabilitation services in terms of an employment outcome because of the severity of that individual's disability, the designated State unit must conduct an exploration of the individual's abilities, capabilities, and capacity to perform in realistic work situations to determine whether or not there is clear and convincing evidence to support such a determination.

(2)(i) The designated State unit must develop a written plan to assess periodically the individual's abilities, capabilities, and capacity to perform in work situations through the use of trial work experiences, which must be provided in the most integrated setting possible, consistent with the informed

choice and rehabilitation needs of the individual.

(ii) Trial work experiences include supported employment, on-the-job training, and other experiences using realistic work settings.

(iii) Trial work experiences must be of sufficient variety and over a sufficient period of time for the designated State unit to determine that—

(A) There is sufficient evidence to conclude that the individual can benefit from the provision of vocational rehabilitation services in terms of an employment outcome; or

(B) There is clear and convincing evidence that the individual is incapable of benefiting from vocational rehabilitation services in terms of an employment outcome due to the severity of the individual's disability.

(iv) The designated State unit must provide appropriate supports, including assistive technology devices and services and personal assistance services, to accommodate the rehabilitation needs of the individual during the trial work experiences.

(f) *Extended evaluation for certain individuals with significant disabilities.*

(1) Under limited circumstances if an individual cannot take advantage of trial work experiences or if options for trial work experiences have been exhausted before the State unit is able to make the determinations described in paragraph (e)(2)(iii) of this section, the designated State unit must conduct an extended evaluation to make these determinations.

(2) During the extended evaluation period, vocational rehabilitation services must be provided in the most integrated setting possible, consistent with the informed choice and rehabilitation needs of the individual.

(3) During the extended evaluation period, the designated State unit must develop a written plan for providing services necessary to make a determination under paragraph (e)(2)(iii) of this section.

(4) During the extended evaluation period, the designated State unit provides only those services that are necessary to make the determinations described in paragraph (e)(2)(iii) of this section and terminates extended evaluation services when the State unit is able to make the determinations.

(g) *Data for determination of priority for services under an order of selection.* If the designated State unit is operating under an order of selection for services, as provided in § 361.36, the State unit must base its priority assignments on—

(1) A review of the data that was developed under paragraphs (d) and (e)

of this section to make the eligibility determination; and

(2) An assessment of additional data, to the extent necessary.

(Authority: Sections 7(2)(A), 7(2)(B)(ii)(I), 7(2)(C), 7(2)(D), 101(a)(12), 102(a)(1), 102(a)(2), 102(a)(3), 102(a)(4)(A), 102(a)(4)(B), 102(a)(4)(C), 103(a)(1), 103(a)(9), 103(a)(10) and 103(a)(14) of the Act; 29 U.S.C. 705(2)(A), 705(2)(B)(ii)(I), 705(2)(C), 705(2)(D), 721(a)(12), 722(a)(1), 722(a)(2), 722(a)(3), 722(a)(4)(A), 722(a)(4)(B), 722(a)(4)(C), 723(a)(1), 723(a)(9), 723(a)(10) and 723(a)(14))

Note to § 361.42: *Clear and convincing evidence* means that the designated State unit shall have a high degree of certainty before it can conclude that an individual is incapable of benefiting from services in terms of an employment outcome. The "clear and convincing" standard constitutes the highest standard used in our civil system of law and is to be individually applied on a case-by-case basis. The term *clear* means unequivocal. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence might include a description of assessments, including situational assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the individual's needs due to the severity of the individual's disability. The demonstration of "clear and convincing evidence" must include, if appropriate, a functional assessment of skill development activities, with any necessary supports (including assistive technology), in real life settings. (S. Rep. No. 357, 102d Cong., 2d Sess. 37–38 (1992))

§ 361.43 Procedures for ineligibility determination.

If the State unit determines that an applicant is ineligible for vocational rehabilitation services or determines that an individual receiving services under an individualized plan for employment is no longer eligible for services, the State unit must—

(a) Make the determination only after providing an opportunity for full consultation with the individual or, as appropriate, with the individual's representative;

(b) Inform the individual in writing, supplemented as necessary by other appropriate modes of communication consistent with the informed choice of the individual, of the ineligibility determination, including the reasons for that determination, the requirements under this section, and the means by which the individual may express and seek remedy for any dissatisfaction, including the procedures for review of State unit personnel determinations in accordance with § 361.57;

(c) Provide the individual with a description of services available from a

client assistance program established under 34 CFR part 370 and information on how to contact that program;

(d) Refer the individual to other training or employment-related programs that are part of the One-Stop service delivery system under the Workforce Investment Act; and

(e) Review within 12 months and annually thereafter if requested by the individual or, if appropriate, by the individual's representative any ineligibility determination that is based on a finding that the individual is incapable of achieving an employment outcome. This review need not be conducted in situations in which the individual has refused it, the individual is no longer present in the State, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal.

(Authority: Sections 102(a)(5) and 102(c) of the Act; 29 U.S.C. 722(a)(5) and 722(c))

§ 361.44 Closure without eligibility determination.

The designated State unit may not close an applicant's record of services prior to making an eligibility determination unless the applicant declines to participate in, or is unavailable to complete, an assessment for determining eligibility and priority for services, and the State unit has made a reasonable number of attempts to contact the applicant or, if appropriate, the applicant's representative to encourage the applicant's participation.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

§ 361.45 Development of the individualized plan for employment.

(a) *General requirements.* The State plan must assure that—

(1) An individualized plan for employment (IPE) meeting the requirements of this section and § 361.46 is developed and implemented in a timely manner for each individual determined to be eligible for vocational rehabilitation services or, if the designated State unit is operating under an order of selection in accordance with § 361.36, for each eligible individual to whom the State unit is able to provide services; and

(2) Services will be provided in accordance with the provisions of the IPE.

(b) *Purpose.*

(1) The designated State unit must conduct an assessment for determining vocational rehabilitation needs, if appropriate, for each eligible individual or, if the State is operating under an order of selection, for each eligible individual to whom the State is able to

provide services. The purpose of this assessment is to determine the employment outcome, and the nature and scope of vocational rehabilitation services to be included in the IPE.

(2) The IPE must—

(i) Be designed to achieve the specific employment outcome that is selected by the individual consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and

(ii) To the maximum extent appropriate, result in employment in an integrated setting.

(c) *Required information.* The State unit must provide the following information to each eligible individual or, as appropriate, the individual's representative, in writing and, if appropriate, in the native language or mode of communication of the individual or the individual's representative:

(1) *Options for developing an IPE.* Information on the available options for developing the IPE, including the option that an eligible individual or, as appropriate, the individual's representative may develop all or part of the IPE—

(i) Without assistance from the State unit or other entity; or

(ii) With assistance from—

(A) A qualified vocational rehabilitation counselor employed by the State unit;

(B) A qualified vocational rehabilitation counselor who is not employed by the State unit; or

(C) Resources other than those in paragraph (A) or (B) of this section.

(2) *Additional information.*

Additional information to assist the eligible individual or, as appropriate, the individual's representative in developing the IPE, including—

(i) Information describing the full range of components that must be included in an IPE;

(ii) As appropriate to each eligible individual—

(A) An explanation of agency guidelines and criteria for determining an eligible individual's financial commitments under an IPE;

(B) Information on the availability of assistance in completing State unit forms required as part of the IPE; and

(C) Additional information that the eligible individual requests or the State unit determines to be necessary to the development of the IPE;

(iii) A description of the rights and remedies available to the individual, including, if appropriate, recourse to the processes described in § 361.57; and

(iv) A description of the availability of a client assistance program established

under 34 CFR part 370 and information on how to contact the client assistance program.

(d) *Mandatory procedures.* The designated State unit must ensure that—

(1) The IPE is a written document prepared on forms provided by the State unit;

(2) The IPE is developed and implemented in a manner that gives eligible individuals the opportunity to exercise informed choice, consistent with § 361.52, in selecting—

(i) The employment outcome, including the employment setting;

(ii) The specific vocational rehabilitation services needed to achieve the employment outcome, including the settings in which services will be provided;

(iii) The entity or entities that will provide the vocational rehabilitation services; and

(iv) The methods available for procuring the services;

(3) The IPE is—

(i) Agreed to and signed by the eligible individual or, as appropriate, the individual's representative; and

(ii) Approved and signed by a qualified vocational rehabilitation counselor employed by the designated State unit;

(4) A copy of the IPE and a copy of any amendments to the IPE are provided to the eligible individual or, as appropriate, to the individual's representative, in writing and, if appropriate, in the native language or mode of communication of the individual or, as appropriate, the individual's representative;

(5) The IPE is reviewed at least annually by a qualified vocational rehabilitation counselor and the eligible individual or, as appropriate, the individual's representative to assess the eligible individual's progress in achieving the identified employment outcome;

(6) The IPE is amended, as necessary, by the individual or, as appropriate, the individual's representative, in collaboration with a representative of the State unit or a qualified vocational rehabilitation counselor (to the extent determined to be appropriate by the individual), if there are substantive changes in the employment outcome, the vocational rehabilitation services to be provided, or the providers of the vocational rehabilitation services;

(7) Amendments to the IPE do not take effect until agreed to and signed by the eligible individual or, as appropriate, the individual's representative and by a qualified vocational rehabilitation counselor.

employed by the designated State unit; and

(8) An IPE for a student with a disability receiving special education services is developed—

(i) In consideration of the student's IEP; and

(ii) In accordance with the plans, policies, procedures, and terms of the interagency agreement required under § 361.22.

(e) *Standards for developing the IPE.* The designated State unit must establish and implement standards for the prompt development of IPEs for the individuals identified under paragraph (a) of this section, including timelines that take into consideration the needs of the individuals.

(f) *Data for preparing the IPE.*

(1) *Preparation without comprehensive assessment.* To the extent possible, the employment outcome and the nature and scope of rehabilitation services to be included in the individual's IPE must be determined based on the data used for the assessment of eligibility and priority for services under § 361.42.

(2) *Preparation based on comprehensive assessment.*

(i) If additional data are necessary to determine the employment outcome and the nature and scope of services to be included in the IPE of an eligible individual, the State unit must conduct a comprehensive assessment of the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment services, of the eligible individual, in the most integrated setting possible, consistent with the informed choice of the individual in accordance with the provisions of § 361.5(b)(6)(ii).

(ii) In preparing the comprehensive assessment, the State unit must use, to the maximum extent possible and appropriate and in accordance with confidentiality requirements, existing information that is current as of the date of the development of the IPE, including—

(A) Information available from other programs and providers, particularly information used by education officials and the Social Security Administration;

(B) Information provided by the individual and the individual's family; and

(C) Information obtained under the assessment for determining the individual's eligibility and vocational rehabilitation needs.

(Authority: Sections 7(2)(B), 101(a)(9), 102(b)(1), 102(b)(2), 102(c) and 103(a)(1); 29

U.S.C. 705(2)(B), 721(a)(9), 722(b)(1), 722(b)(2), 722(c) and 723(a)(1))

§ 361.46 Content of the individualized plan for employment.

(a) *Mandatory components.*

Regardless of the approach in § 361.45(c)(1) that an eligible individual selects for purposes of developing the IPE, each IPE must include—

(1) A description of the specific employment outcome that is chosen by the eligible individual that—

(i) Is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice; and

(ii) To the maximum extent appropriate, results in employment in an integrated setting;

(2) A description of the specific rehabilitation services under § 361.48 that are—

(i) Needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices, assistive technology services, and personal assistance services, including training in the management of those services; and

(ii) Provided in the most integrated setting that is appropriate for the services involved and is consistent with the informed choice of the eligible individual;

(3) Timelines for the achievement of the employment outcome and for the initiation of services;

(4) A description of the entity or entities chosen by the eligible individual or, as appropriate, the individual's representative that will provide the vocational rehabilitation services and the methods used to procure those services;

(5) A description of the criteria that will be used to evaluate progress toward achievement of the employment outcome; and

(6) The terms and conditions of the IPE, including, as appropriate, information describing—

(i) The responsibilities of the designated State unit;

(ii) The responsibilities of the eligible individual, including—

(A) The responsibilities the individual will assume in relation to achieving the employment outcome;

(B) If applicable, the extent of the individual's participation in paying for the cost of services; and

(C) The responsibility of the individual with regard to applying for and securing comparable services and benefits as described in § 361.53; and

(iii) The responsibilities of other entities as the result of arrangements made pursuant to the comparable

services or benefits requirements in § 361.53.

(b) *Supported employment requirements.* An IPE for an individual with a most significant disability for whom an employment outcome in a supported employment setting has been determined to be appropriate must—

(1) Specify the supported employment services to be provided by the designated State unit;

(2) Specify the expected extended services needed, which may include natural supports;

(3) Identify the source of extended services or, to the extent that it is not possible to identify the source of extended services at the time the IPE is developed, include a description of the basis for concluding that there is a reasonable expectation that those sources will become available;

(4) Provide for periodic monitoring to ensure that the individual is making satisfactory progress toward meeting the weekly work requirement established in the IPE by the time of transition to extended services;

(5) Provide for the coordination of services provided under an IPE with services provided under other individualized plans established under other Federal or State programs;

(6) To the extent that job skills training is provided, identify that the training will be provided on site; and

(7) Include placement in an integrated setting for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of individuals with the most significant disabilities.

(c) *Post-employment services.* The IPE for each individual must contain, as determined to be necessary, statements concerning—

(1) The expected need for post-employment services prior to closing the record of services of an individual who has achieved an employment outcome;

(2) A description of the terms and conditions for the provision of any post-employment services; and

(3) If appropriate, a statement of how post-employment services will be provided or arranged through other entities as the result of arrangements made pursuant to the comparable services or benefits requirements in § 361.53.

(d) *Coordination of services for students with disabilities who are receiving special education services.* The IPE for a student with a disability who is receiving special education services must be coordinated with the

IEP for that individual in terms of the goals, objectives, and services identified in the IEP.

(Authority: Sections 101(a)(8), 101(a)(9), 102(b)(3), and 625(b)(6) of the Act; 29 U.S.C. 721(a)(8), 721(a)(9), 722(b)(3), and 795(k))

§ 361.47 Record of services.

(a) The designated State unit must maintain for each applicant and eligible individual a record of services that includes, to the extent pertinent, the following documentation:

(1) If an applicant has been determined to be an eligible individual, documentation supporting that determination in accordance with the requirements under § 361.42.

(2) If an applicant or eligible individual receiving services under an IPE has been determined to be ineligible, documentation supporting that determination in accordance with the requirements under § 361.43.

(3) Documentation that describes the justification for closing an applicant's or eligible individual's record of services if that closure is based on reasons other than ineligibility, including, as appropriate, documentation indicating that the State unit has satisfied the requirements in § 361.44.

(4) If an individual has been determined to be an individual with a significant disability or an individual with a most significant disability, documentation supporting that determination.

(5) If an individual with a significant disability requires an exploration of abilities, capabilities, and capacity to perform in realistic work situations through the use of trial work experiences or, as appropriate, an extended evaluation to determine whether the individual is an eligible individual, documentation supporting the need for, and the plan relating to, that exploration or, as appropriate, extended evaluation and documentation regarding the periodic assessments carried out during the trial work experiences or, as appropriate, the extended evaluation, in accordance with the requirements under § 361.42(e) and (f).

(6) The IPE, and any amendments to the IPE, consistent with the requirements under § 361.46.

(7) Documentation describing the extent to which the applicant or eligible individual exercised informed choice regarding the provision of assessment services and the extent to which the eligible individual exercised informed choice in the development of the IPE with respect to the selection of the specific employment outcome, the specific vocational rehabilitation

services needed to achieve the employment outcome, the entity to provide the services, the employment setting, the settings in which the services will be provided, and the methods to procure the services.

(8) In the event that the IPE provides for services or an employment outcome in a non-integrated setting, a justification to support the non-integrated setting.

(9) In the event that an individual obtains competitive employment, verification that the individual is compensated at or above the minimum wage and that the individual's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals in accordance with § 361.5(b)(11)(ii).

(10) In the event that an individual obtains an employment outcome in an extended employment setting in a community rehabilitation program or any other employment under section 14(c) of the Fair Labor Standards Act, documentation of the results of the annual reviews required under § 361.55, the individual's input into those reviews, and the individual's or, if appropriate, the individual's representative's acknowledgement that those reviews were conducted.

(11) Documentation concerning any action or decision resulting from a request by an individual under § 361.57 for a review of determinations made by designated State unit personnel.

(12) In the event that an applicant or eligible individual requests under § 361.38(c)(4) that documentation in the record of services be amended and the documentation is not amended, documentation of the request.

(13) In the event an individual is referred to another program through the State unit's information and referral system under § 361.37, including other components of the statewide workforce investment system, documentation on the nature and scope of services provided by the designated State unit to the individual and on the referral itself, consistent with the requirements of § 361.37.

(14) In the event an individual's record of service is closed under § 361.56, documentation that demonstrates the services provided under the individual's IPE contributed to the achievement of the employment outcome.

(15) In the event an individual's record of service is closed under § 361.56, documentation verifying that the provisions of § 361.56 have been satisfied.

(b) The State unit, in consultation with the State Rehabilitation Council if the State has a Council, must determine the type of documentation that the State unit must maintain for each applicant and eligible individual in order to meet the requirements in paragraph (a) of this section.

(Authority: Sections 101(a)(6), (9), (14), (20) and 102(a), (b), and (d) of the Act; 29 U.S.C. 721(a)(6), (9), (14), (20) and 722(a), (b), and (d))

§ 361.48 Scope of vocational rehabilitation services for individuals with disabilities.

As appropriate to the vocational rehabilitation needs of each individual and consistent with each individual's informed choice, the designated State unit must ensure that the following vocational rehabilitation services are available to assist the individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice:

(a) Assessment for determining eligibility and priority for services by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology, in accordance with § 361.42.

(b) Assessment for determining vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology, in accordance with § 361.45.

(c) Vocational rehabilitation counseling and guidance, including information and support services to assist an individual in exercising informed choice in accordance with § 361.52.

(d) Referral and other services necessary to assist applicants and eligible individuals to secure needed services from other agencies, including other components of the statewide workforce investment system, in accordance with §§ 361.23, 361.24, and 361.37, and to advise those individuals about client assistance programs established under 34 CFR part 370.

(e) In accordance with the definition in § 361.5(b)(40), physical and mental restoration services, to the extent that financial support is not readily available from a source other than the designated State unit (such as through health insurance or a comparable service or benefit as defined in § 361.5(b)(10)).

(f) Vocational and other training services, including personal and vocational adjustment training, books, tools, and other training materials,

except that no training or training services in an institution of higher education (universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing) may be paid for with funds under this part unless maximum efforts have been made by the State unit and the individual to secure grant assistance in whole or in part from other sources to pay for that training.

(g) Maintenance, in accordance with the definition of that term in § 361.5(b)(35).

(h) Transportation in connection with the rendering of any vocational rehabilitation service and in accordance with the definition of that term in § 361.5(b)(57).

(i) Vocational rehabilitation services to family members, as defined in § 361.5(b)(23), of an applicant or eligible individual if necessary to enable the applicant or eligible individual to achieve an employment outcome.

(j) Interpreter services, including sign language and oral interpreter services, for individuals who are deaf or hard of hearing and tactile interpreting services for individuals who are deaf-blind provided by qualified personnel.

(k) Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind.

(l) Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services.

(m) Supported employment services in accordance with the definition of that term in § 361.5(b)(54).

(n) Personal assistance services in accordance with the definition of that term in § 361.5(b)(39).

(o) Post-employment services in accordance with the definition of that term in § 361.5(b)(42).

(p) Occupational licenses, tools, equipment, initial stocks, and supplies.

(q) Rehabilitation technology in accordance with the definition of that term in § 361.5(b)(45), including vehicular modification, telecommunications, sensory, and other technological aids and devices.

(r) Transition services in accordance with the definition of that term in § 361.5(b)(55).

(s) Technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent those resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or

establishing a small business operation as an employment outcome.

(t) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome.

(Authority: Section 103(a) of the Act; 29 U.S.C. 723(a))

§ 361.49 Scope of vocational rehabilitation services for groups of individuals with disabilities.

(a) The designated State unit may also provide for the following vocational rehabilitation services for the benefit of groups of individuals with disabilities:

(1) The establishment, development, or improvement of a public or other nonprofit community rehabilitation program that is used to provide vocational rehabilitation services that promote integration and competitive employment, including, under special circumstances, the construction of a facility for a public or nonprofit community rehabilitation program. Examples of "special circumstances" include the destruction by natural disaster of the only available center serving an area or a State determination that construction is necessary in a rural area because no other public agencies or private nonprofit organizations are currently able to provide vocational rehabilitation services to individuals.

(2) Telecommunications systems that have the potential for substantially improving vocational rehabilitation service delivery methods and developing appropriate programming to meet the particular needs of individuals with disabilities, including telephone, television, video description services, satellite, tactile-vibratory devices, and similar systems, as appropriate.

(3) Special services to provide nonvisual access to information for individuals who are blind, including the use of telecommunications, Braille, sound recordings, or other appropriate media; captioned television, films, or video cassettes for individuals who are deaf or hard of hearing; tactile materials for individuals who are deaf-blind; and other special services that provide information through tactile, vibratory, auditory, and visual media.

(4) Technical assistance and support services to businesses that are not subject to Title I of the Americans with Disabilities Act of 1990 and that are seeking to employ individuals with disabilities.

(5) In the case of any small business enterprise operated by individuals with significant disabilities under the supervision of the designated State unit, including enterprises established under the Randolph-Sheppard program,

management services and supervision provided by the State unit along with the acquisition by the State unit of vending facilities or other equipment, initial stocks and supplies, and initial operating expenses, in accordance with the following requirements:

(i) "Management services and supervision" includes inspection, quality control, consultation, accounting, regulating, in-service training, and related services provided on a systematic basis to support and improve small business enterprises operated by individuals with significant disabilities. "Management services and supervision" may be provided throughout the operation of the small business enterprise.

(ii) "Initial stocks and supplies" includes those items necessary to the establishment of a new business enterprise during the initial establishment period, which may not exceed 6 months.

(iii) Costs of establishing a small business enterprise may include operational costs during the initial establishment period, which may not exceed 6 months.

(iv) If the designated State unit provides for these services, it must ensure that only individuals with significant disabilities will be selected to participate in this supervised program.

(v) If the designated State unit provides for these services and chooses to set aside funds from the proceeds of the operation of the small business enterprises, the State unit must maintain a description of the methods used in setting aside funds and the purposes for which funds are set aside. Funds may be used only for small business enterprises purposes, and benefits that are provided to operators from set-aside funds must be provided on an equitable basis.

(6) Other services that promise to contribute substantially to the rehabilitation of a group of individuals but that are not related directly to the individualized plan for employment of any one individual. Examples of those other services might include the purchase or lease of a bus to provide transportation to a group of applicants or eligible individuals or the purchase of equipment or instructional materials that would benefit a group of applicants or eligible individuals.

(7) Consultative and technical assistance services to assist educational agencies in planning for the transition of students with disabilities from school to post-school activities, including employment.

(b) If the designated State unit provides for vocational rehabilitation services for groups of individuals, it must—

(1) Develop and maintain written policies covering the nature and scope of each of the vocational rehabilitation services it provides and the criteria under which each service is provided; and

(2) Maintain information to ensure the proper and efficient administration of those services in the form and detail and at the time required by the Secretary, including the types of services provided, the costs of those services, and, to the extent feasible, estimates of the numbers of individuals benefiting from those services.

(Authority: Sections 12(c), 101(a)(6)(A), and 103(b) of the Act; 29 U.S.C. 709(c), 721(a)(6), and 723(b))

§ 361.50 Written policies governing the provision of services for individuals with disabilities.

(a) *Policies.* The State unit must develop and maintain written policies covering the nature and scope of each of the vocational rehabilitation services specified in § 361.48 and the criteria under which each service is provided. The policies must ensure that the provision of services is based on the rehabilitation needs of each individual as identified in that individual's IPE and is consistent with the individual's informed choice. The written policies may not establish any arbitrary limits on the nature and scope of vocational rehabilitation services to be provided to the individual to achieve an employment outcome. The policies must be developed in accordance with the following provisions:

(b) *Out-of-State services.*

(1) The State unit may establish a preference for in-State services, provided that the preference does not effectively deny an individual a necessary service. If the individual chooses an out-of-State service at a higher cost than an in-State service, if either service would meet the individual's rehabilitation needs, the designated State unit is not responsible for those costs in excess of the cost of the in-State service.

(2) The State unit may not establish policies that effectively prohibit the provision of out-of-State services.

(c) *Payment for services.*

(1) The State unit must establish and maintain written policies to govern the rates of payment for all purchased vocational rehabilitation services.

(2) The State unit may establish a fee schedule designed to ensure a

reasonable cost to the program for each service, if the schedule is—

(i) Not so low as to effectively deny an individual a necessary service; and

(ii) Not absolute and permits exceptions so that individual needs can be addressed.

(3) The State unit may not place absolute dollar limits on specific service categories or on the total services provided to an individual.

(d) *Duration of services.*

(1) The State unit may establish reasonable time periods for the provision of services provided that the time periods are—

(i) Not so short as to effectively deny an individual a necessary service; and

(ii) Not absolute and permit exceptions so that individual needs can be addressed.

(2) The State unit may not establish absolute time limits on the provision of specific services or on the provision of services to an individual. The duration of each service needed by an individual must be determined on an individual basis and reflected in that individual's individualized plan for employment.

(e) *Authorization of services.* The State unit must establish policies related to the timely authorization of services, including any conditions under which verbal authorization can be given.

(Authority: Sections 12(c) and 101(a)(6) of the Act and 29 U.S.C. 709(c) and 721(a)(6))

§ 361.51 Standards for facilities and providers of services.

(a) *Accessibility of facilities.* The State plan must assure that any facility used in connection with the delivery of vocational rehabilitation services under this part meets program accessibility requirements consistent with the requirements, as applicable, of the Architectural Barriers Act of 1968, the Americans with Disabilities Act of 1990, section 504 of the Act, and the regulations implementing these laws.

(b) *Affirmative action.* The State plan must assure that community rehabilitation programs that receive assistance under part B of Title I of the Act take affirmative action to employ and advance in employment qualified individuals with disabilities covered under and on the same terms and conditions as in section 503 of the Act.

(c) *Special communication needs personnel.* The designated State unit must ensure that providers of vocational rehabilitation services are able to communicate—

(1) In the native language of applicants and eligible individuals who have limited English speaking ability; and

(2) By using appropriate modes of communication used by applicants and eligible individuals.

(Authority: Sections 12(c) and 101(a)(6)(B) and (C) of the Act; 29 U.S.C. 709(c) and 721(a)(6)(B) and (C))

§ 361.52 Informed choice.

(a) *General provision.* The State plan must assure that applicants and eligible individuals or, as appropriate, their representatives are provided information and support services to assist applicants and eligible individuals in exercising informed choice throughout the rehabilitation process consistent with the provisions of section 102(d) of the Act and the requirements of this section.

(b) *Written policies and procedures.*

The designated State unit, in consultation with its State Rehabilitation Council, if it has a Council, must develop and implement written policies and procedures that enable an applicant or eligible individual to exercise informed choice throughout the vocational rehabilitation process. These policies and procedures must provide for—

(1) Informing each applicant and eligible individual (including students with disabilities who are making the transition from programs under the responsibility of an educational agency to programs under the responsibility of the designated State unit), through appropriate modes of communication, about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice throughout the vocational rehabilitation process;

(2) Assisting applicants and eligible individuals in exercising informed choice in decisions related to the provision of assessment services;

(3) Developing and implementing flexible procurement policies and methods that facilitate the provision of vocational rehabilitation services and that afford eligible individuals meaningful choices among the methods used to procure vocational rehabilitation services;

(4) Assisting eligible individuals or, as appropriate, the individuals' representatives in acquiring information that enables them to exercise informed choice in the development of their IPEs with respect to the selection of the—

(i) Employment outcome;

(ii) Specific vocational rehabilitation services needed to achieve the employment outcome;

(iii) Entity that will provide the services;

(iv) Employment setting and the settings in which the services will be provided; and

(v) Methods available for procuring the services; and

(5) Ensuring that the availability and scope of informed choice is consistent with the obligations of the designated State agency under this part.

(c) *Information and assistance in the selection of vocational rehabilitation services and service providers.* In assisting an applicant and eligible individual in exercising informed choice during the assessment for determining eligibility and vocational rehabilitation needs and during development of the IPE, the designated State unit must provide the individual or the individual's representative, or assist the individual or the individual's representative in acquiring, information necessary to make an informed choice about the specific vocational rehabilitation services, including the providers of those services, that are needed to achieve the individual's employment outcome. This information must include, at a minimum, information relating to the—

(1) Cost, accessibility, and duration of potential services;

(2) Consumer satisfaction with those services to the extent that information relating to consumer satisfaction is available;

(3) Qualifications of potential service providers;

(4) Types of services offered by the potential providers;

(5) Degree to which services are provided in integrated settings; and

(6) Outcomes achieved by individuals working with service providers, to the extent that such information is available.

(d) *Methods or sources of information.* In providing or assisting the individual or the individual's representative in acquiring the information required under paragraph (c) of this section, the State unit may use, but is not limited to, the following methods or sources of information:

(1) Lists of services and service providers.

(2) Periodic consumer satisfaction surveys and reports.

(3) Referrals to other consumers, consumer groups, or disability advisory councils qualified to discuss the services or service providers.

(4) Relevant accreditation, certification, or other information relating to the qualifications of service providers.

(5) Opportunities for individuals to visit or experience various work and service provider settings.

(Authority: Sections 12(c), 101(a)(19); 102(b)(2)(B) and 102(d) of the Act; 29 U.S.C. 709(c), 721(a)(19); 722(b)(2)(B) and 722(d))

§ 361.53 Comparable services and benefits.

(a) *Determination of availability.* The State plan must assure that prior to providing any vocational rehabilitation services, except those services listed in paragraph (b) of this section, to an eligible individual, or to members of the individual's family, the State unit must determine whether comparable services and benefits, as defined in § 361.5(b)(10), exist under any other program and whether those services and benefits are available to the individual unless such a determination would interrupt or delay—

(1) The progress of the individual toward achieving the employment outcome identified in the individualized plan for employment;

(2) An immediate job placement; or

(3) The provision of vocational rehabilitation services to any individual who is determined to be at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.

(b) *Exempt services.* The following vocational rehabilitation services described in § 361.48(a) are exempt from a determination of the availability of comparable services and benefits under paragraph (a) of this section:

(1) Assessment for determining eligibility and vocational rehabilitation needs.

(2) Counseling and guidance, including information and support services to assist an individual in exercising informed choice.

(3) Referral and other services to secure needed services from other agencies, including other components of the statewide workforce investment system, if those services are not available under this part.

(4) Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services.

(5) Rehabilitation technology, including telecommunications, sensory, and other technological aids and devices.

(6) Post-employment services consisting of the services listed under paragraphs (b)(1) through (5) of this section.

(c) *Provision of services.*

(1) If comparable services or benefits exist under any other program and are

available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's IPE, the designated State unit must use those comparable services or benefits to meet, in whole or part, the costs of the vocational rehabilitation services.

(2) If comparable services or benefits exist under any other program, but are not available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's IPE, the designated State unit must provide vocational rehabilitation services until those comparable services and benefits become available.

(d) *Interagency coordination.*

(1) The State plan must assure that the Governor, in consultation with the entity in the State responsible for the vocational rehabilitation program and other appropriate agencies, will ensure that an interagency agreement or other mechanism for interagency coordination takes effect between the designated State vocational rehabilitation unit and any appropriate public entity, including the State entity responsible for administering the State medicaid program, a public institution of higher education, and a component of the statewide workforce investment system, to ensure the provision of vocational rehabilitation services (other than those services listed in paragraph (b) of this section) that are included in the IPE, including the provision of those vocational rehabilitation services during the pendency of any interagency dispute in accordance with the provisions of paragraph (d)(3)(iii) of this section.

(2) The Governor may meet the requirements of paragraph (d)(1) of this section through—

(i) A State statute or regulation;

(ii) A signed agreement between the respective officials of the public entities that clearly identifies the responsibilities of each public entity for the provision of the services; or

(iii) Another appropriate mechanism as determined by the designated State vocational rehabilitation unit.

(3) The interagency agreement or other mechanism for interagency coordination must include the following:

(i) *Agency financial responsibility.* An identification of, or description of a method for defining, the financial responsibility of the public entity for providing the vocational rehabilitation services other than those listed in paragraph (b) of this section and a provision stating the financial

responsibility of the public entity for providing those services.

(ii) *Conditions, terms, and procedures of reimbursement.* Information specifying the conditions, terms, and procedures under which the designated State unit must be reimbursed by the other public entities for providing vocational rehabilitation services based on the terms of the interagency agreement or other mechanism for interagency coordination.

(iii) *Interagency disputes.* Information specifying procedures for resolving interagency disputes under the interagency agreement or other mechanism for interagency coordination, including procedures under which the designated State unit may initiate proceedings to secure reimbursement from other public entities or otherwise implement the provisions of the agreement or mechanism.

(iv) *Procedures for coordination of services.* Information specifying policies and procedures for public entities to determine and identify interagency coordination responsibilities of each public entity to promote the coordination and timely delivery of vocational rehabilitation services other than those listed in paragraph (b) of this section.

(e) *Responsibilities under other law.*

(1) If a public entity (other than the designated State unit) is obligated under Federal law (such as the Americans with Disabilities Act, section 504 of the Act, or section 188 of the Workforce Investment Act) or State law, or assigned responsibility under State policy or an interagency agreement established under this section, to provide or pay for any services considered to be vocational rehabilitation services (e.g., interpreter services under § 361.48(j)), other than those services listed in paragraph (b) of this section, the public entity must fulfill that obligation or responsibility through—

(i) The terms of the interagency agreement or other requirements of this section;

(ii) Providing or paying for the service directly or by contract; or

(iii) Other arrangement.

(2) If a public entity other than the designated State unit fails to provide or pay for vocational rehabilitation services for an eligible individual as established under this section, the designated State unit must provide or pay for those services to the individual and may claim reimbursement for the services from the public entity that failed to provide or pay for those services. The public entity must

reimburse the designated State unit pursuant to the terms of the interagency agreement or other mechanism described in paragraph (d) of this section in accordance with the procedures established in the agreement or mechanism pursuant to paragraph (d)(3)(ii) of this section.

(Authority: Sections 12(c) and 101(a)(8) of the Act; 29 U.S.C. 709(c) and 721(a)(8))

§ 361.54 Participation of individuals in cost of services based on financial need.

(a) *No Federal requirement.* There is no Federal requirement that the financial need of individuals be considered in the provision of vocational rehabilitation services.

(b) *State unit requirements.*

(1) The State unit may choose to consider the financial need of eligible individuals or individuals who are receiving services through trial work experiences under § 361.42(e) or during an extended evaluation under § 361.42(f) for purposes of determining the extent of their participation in the costs of vocational rehabilitation services, other than those services identified in paragraph (b)(3) of this section.

(2) If the State unit chooses to consider financial need—

(i) It must maintain written policies—

(A) Explaining the method for determining the financial need of an eligible individual; and

(B) Specifying the types of vocational rehabilitation services for which the unit has established a financial needs test;

(ii) The policies must be applied uniformly to all individuals in similar circumstances;

(iii) The policies may require different levels of need for different geographic regions in the State, but must be applied uniformly to all individuals within each geographic region; and

(iv) The policies must ensure that the level of an individual's participation in the cost of vocational rehabilitation services is—

(A) Reasonable;

(B) Based on the individual's financial need, including consideration of any disability-related expenses paid by the individual; and

(C) Not so high as to effectively deny the individual a necessary service.

(3) The designated State unit may not apply a financial needs test, or require the financial participation of the individual—

(i) As a condition for furnishing the following vocational rehabilitation services:

(A) Assessment for determining eligibility and priority for services

under § 361.48(a), except those non-assessment services that are provided to an individual with a significant disability during either an exploration of the individual's abilities, capabilities, and capacity to perform in work situations through the use of trial work experiences under § 361.42(e) or an extended evaluation under § 361.42(f).

(B) Assessment for determining vocational rehabilitation needs under § 361.48(b).

(C) Vocational rehabilitation counseling and guidance under § 361.48(c).

(D) Referral and other services under § 361.48(d).

(E) Job-related services under § 361.48(l).

(F) Personal assistance services under § 361.48(n).

(G) Any auxiliary aid or service (e.g., interpreter services under § 361.48(j), reader services under § 361.48(k)) that an individual with a disability requires under section 504 of the Act (29 U.S.C. 794) or the Americans with Disabilities Act (42 U.S.C. 12101, *et seq.*), or regulations implementing those laws, in order for the individual to participate in the VR program as authorized under this part; or

(ii) As a condition for furnishing any vocational rehabilitation service if the individual in need of the service has been determined eligible for Social Security benefits under Titles II or XVI of the Social Security Act.

(Authority: Section 12(c) of the Act; 29 U.S.C. 709(c))

§ 361.55 Annual review of individuals in extended employment or other employment under special certificate provisions of the Fair Labor Standards Act.

The State plan must assure that the designated State unit—

(a) Annually reviews and reevaluates the status of each individual with a disability served under the vocational rehabilitation program who has achieved an employment outcome either in an extended employment setting in a community rehabilitation program or in any other employment setting in which the individual is compensated in accordance with section 14(c) of the Fair Labor Standards Act for 2 years after the individual achieves the employment outcome (and thereafter if requested by the individual or, if appropriate, the individual's representative) to determine the interests, priorities, and needs of the individual with respect to competitive employment or training for competitive employment;

(b) Enables the individual or, if appropriate, the individual's

representative to provide input into the review and reevaluation and documents that input in the record of services, consistent with § 361.47(a)(10), with the individual's or, as appropriate, the individual's representative's signed acknowledgment that the review and reevaluation have been conducted; and

(c) Makes maximum efforts, including identifying and providing vocational rehabilitation services, reasonable accommodations, and other necessary support services, to assist the individuals identified in paragraph (a) of this section in engaging in competitive employment as defined in § 361.5(b)(11).

(Authority: Section 101(a)(14) of the Act; 29 U.S.C. 721(a)(14))

§ 361.56 Requirements for closing the record of services of an individual who has achieved an employment outcome.

The record of services of an individual who has achieved an employment outcome may be closed only if all of the following requirements are met:

(a) *Employment outcome achieved.* The individual has achieved the employment outcome that is described in the individual's IPE in accordance with § 361.46(a)(1) and is—

(1) Consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and (2) In the most integrated setting possible, consistent with the individual's informed choice.

(b) *Employment outcome maintained.* The individual has maintained the employment outcome for an appropriate period of time, but not less than 90 days, necessary to ensure the stability of the employment outcome, and the individual no longer needs vocational rehabilitation services.

(c) *Satisfactory outcome.* At the end of the appropriate period under paragraph (b) of this section, the individual and the qualified rehabilitation counselor employed by the designated State unit consider the employment outcome to be satisfactory and agree that the individual is performing well in the employment.

(d) *Post-employment services.* The individual is informed through appropriate modes of communication of the availability of post-employment services.

(Authority: Sections 12(c), 101(a)(6), and 106(a)(2) of the Act; 29 U.S.C. 711(c), 721(a)(6), and 726(a)(2))

§ 361.57 Review of determinations made by designated State unit personnel.

(a) *Procedures.* The designated State unit must develop and implement procedures to ensure that an applicant or eligible individual who is dissatisfied with any determination made by personnel of the designated State unit that affects the provision of vocational rehabilitation services may request, or, if appropriate, may request through the individual's representative, a timely review of that determination. The procedures must be in accordance with paragraphs (b) through (k) of this section:

(b) *General requirements.*

(1) *Notification.* Procedures established by the State unit under this section must provide an applicant or eligible individual or, as appropriate, the individual's representative notice of—

(i) The right to obtain review of State unit determinations that affect the provision of vocational rehabilitation services through an impartial due process hearing under paragraph (e) of this section;

(ii) The right to pursue mediation under paragraph (d) of this section with respect to determinations made by designated State unit personnel that affect the provision of vocational rehabilitation services to an applicant or eligible individual;

(iii) The names and addresses of individuals with whom requests for mediation or due process hearings may be filed;

(iv) The manner in which a mediator or impartial hearing officer may be selected consistent with the requirements of paragraphs (d) and (f) of this section; and

(v) The availability of the client assistance program, established under 34 CFR part 370, to assist the applicant or eligible individual during mediation sessions or impartial due process hearings.

(2) *Timing.* Notice described in paragraph (b)(1) of this section must be provided in writing—

(i) At the time the individual applies for vocational rehabilitation services under this part;

(ii) At the time the individual is assigned to a category in the State's order of selection, if the State has established an order of selection under § 361.36;

(iii) At the time the IPE is developed; and

(iv) Whenever vocational rehabilitation services for an individual are reduced, suspended, or terminated.

(3) *Evidence and representation.* Procedures established under this section must—

(i) Provide an applicant or eligible individual or, as appropriate, the individual's representative with an opportunity to submit during mediation sessions or due process hearings evidence and other information that supports the applicant's or eligible individual's position; and

(ii) Allow an applicant or eligible individual to be represented during mediation sessions or due process hearings by counsel or other advocate selected by the applicant or eligible individual.

(4) *Impact on provision of services.* The State unit may not institute a suspension, reduction, or termination of vocational rehabilitation services being provided to an applicant or eligible individual, including evaluation and assessment services and IPE development, pending a resolution through mediation, pending a decision by a hearing officer or reviewing official, or pending informal resolution under this section unless—

(i) The individual or, in appropriate cases, the individual's representative requests a suspension, reduction, or termination of services; or

(ii) The State agency has evidence that the services have been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual or the individual's representative.

(5) *Ineligibility.* Applicants who are found ineligible for vocational rehabilitation services and previously eligible individuals who are determined to be no longer eligible for vocational rehabilitation services pursuant to § 361.43 are permitted to challenge the determinations of ineligibility under the procedures described in this section.

(c) *Informal dispute resolution.* The State unit may develop an informal process for resolving a request for review without conducting mediation or a formal hearing. A State's informal process must not be used to deny the right of an applicant or eligible individual to a hearing under paragraph (e) of this section or any other right provided under this part, including the right to pursue mediation under paragraph (d) of this section. If informal resolution under this paragraph or mediation under paragraph (d) of this section is not successful in resolving the dispute within the time period established under paragraph (e)(1) of this section, a formal hearing must be conducted within that same time period, unless the parties agree to a specific extension of time.

(d) *Mediation.*

(1) The State must establish and implement procedures, as required under paragraph (b)(1)(ii) of this section, to allow an applicant or eligible individual and the State unit to resolve disputes involving State unit determinations that affect the provision of vocational rehabilitation services through a mediation process that must be made available, at a minimum, whenever an applicant or eligible individual or, as appropriate, the individual's representative requests an impartial due process hearing under this section.

(2) Mediation procedures established by the State unit under paragraph (d) must ensure that—

(i) Participation in the mediation process is voluntary on the part of the applicant or eligible individual, as appropriate, and on the part of the State unit;

(ii) Use of the mediation process is not used to deny or delay the applicant's or eligible individual's right to pursue resolution of the dispute through an impartial hearing held within the time period specified in paragraph (e)(1) of this section or any other rights provided under this part. At any point during the mediation process, either party or the mediator may elect to terminate the mediation. In the event mediation is terminated, either party may pursue resolution through an impartial hearing;

(iii) The mediation process is conducted by a qualified and impartial mediator, as defined in § 361.5(b)(43), who must be selected from a list of qualified and impartial mediators maintained by the State—

(A) On a random basis;

(B) By agreement between the director of the designated State unit and the applicant or eligible individual or, as appropriate, the individual's representative; or

(C) In accordance with a procedure established in the State for assigning mediators, provided this procedure ensures the neutrality of the mediator assigned; and

(iv) Mediation sessions are scheduled and conducted in a timely manner and are held in a location and manner that is convenient to the parties to the dispute.

(3) Discussions that occur during the mediation process must be kept confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.

(4) An agreement reached by the parties to the dispute in the mediation process must be described in a written mediation agreement that is developed by the parties with the assistance of the qualified and impartial mediator and signed by both parties. Copies of the agreement must be sent to both parties.

(5) The costs of the mediation process must be paid by the State. The State is not required to pay for any costs related to the representation of an applicant or eligible individual authorized under paragraph (b)(3)(ii) of this section.

(e) *Impartial due process hearings.*

The State unit must establish and implement formal review procedures, as required under paragraph (b)(1)(i) of this section, that provide that—

(1) A hearing conducted by an impartial hearing officer, selected in accordance with paragraph (f) of this section, must be held within 60 days of an applicant's or eligible individual's request for review of a determination made by personnel of the State unit that affects the provision of vocational rehabilitation services to the individual, unless informal resolution or a mediation agreement is achieved prior to the 60th day or the parties agree to a specific extension of time;

(2) In addition to the rights described in paragraph (b)(3) of this section, the applicant or eligible individual or, if appropriate, the individual's representative must be given the opportunity to present witnesses during the hearing and to examine all witnesses and other relevant sources of information and evidence;

(3) The impartial hearing officer must—

(i) Make a decision based on the provisions of the approved State plan, the Act, Federal vocational rehabilitation regulations, and State regulations and policies that are consistent with Federal requirements; and

(ii) Provide to the individual or, if appropriate, the individual's representative and to the State unit a full written report of the findings and grounds for the decision within 30 days of the completion of the hearing; and

(4) The hearing officer's decision is final, except that a party may request an impartial review under paragraph (g)(1) of this section if the State has established procedures for that review, and a party involved in a hearing may bring a civil action under paragraph (i) of this section.

(f) *Selection of impartial hearing officers.* The impartial hearing officer for a particular case must be selected—

(1) From a list of qualified impartial hearing officers maintained by the State

unit. Impartial hearing officers included on the list must be—

(i) Identified by the State unit if the State unit is an independent commission; or

(ii) Jointly identified by the State unit and the State Rehabilitation Council if the State has a Council; and

(2)(i) On a random basis; or

(ii) By agreement between the director of the designated State unit and the applicant or eligible individual or, as appropriate, the individual's representative.

(g) *Administrative review of hearing officer's decision.* The State may establish procedures to enable a party who is dissatisfied with the decision of the impartial hearing officer to seek an impartial administrative review of the decision under paragraph (e)(3) of this section in accordance with the following requirements:

(1) A request for administrative review under paragraph (g) of this section must be made within 20 days of the mailing of the impartial hearing officer's decision.

(2) Administrative review of the hearing officer's decision must be conducted by—

(i) The chief official of the designated State agency if the State has established both a designated State agency and a designated State unit under § 361.13(b); or

(ii) An official from the office of the Governor.

(3) The reviewing official described in paragraph (g)(2)(i) of this section—

(i) Provides both parties with an opportunity to submit additional evidence and information relevant to a final decision concerning the matter under review;

(ii) May not overturn or modify the hearing officer's decision, or any part of that decision, that supports the position of the applicant or eligible individual unless the reviewing official concludes, based on clear and convincing evidence, that the decision of the impartial hearing officer is clearly erroneous on the basis of being contrary to the approved State plan, the Act, Federal vocational rehabilitation regulations, or State regulations and policies that are consistent with Federal requirements;

(iii) Makes an independent, final decision following a review of the entire hearing record and provides the decision in writing, including a full report of the findings and the statutory, regulatory, or policy grounds for the decision, to the applicant or eligible individual or, as appropriate, the individual's representative and to the State unit within 30 days of the request

for administrative review under paragraph (g)(1) of this section; and

(iv) May not delegate the responsibility for making the final decision under paragraph (g) of this section to any officer or employee of the designated State unit.

(4) The reviewing official's decision under paragraph (g) of this section is final unless either party brings a civil action under paragraph (i) of this section.

(h) *Implementation of final decisions.* If a party brings a civil action under paragraph (h) of this section to challenge the final decision of a hearing officer under paragraph (e) of this section or to challenge the final decision of a State reviewing official under paragraph (g) of this section, the final decision of the hearing officer or State reviewing official must be implemented pending review by the court.

(i) *Civil action.*

(1) Any party who disagrees with the findings and decision of an impartial hearing officer under paragraph (e) of this section in a State that has not established administrative review procedures under paragraph (g) of this section and any party who disagrees with the findings and decision under paragraph (g)(3)(iii) of this section have a right to bring a civil action with respect to the matter in dispute. The action may be brought in any State court of competent jurisdiction or in a district court of the United States of competent jurisdiction without regard to the amount in controversy.

(2) In any action brought under paragraph (i) of this section, the court—

(i) Receives the records related to the impartial due process hearing and the records related to the administrative review process, if applicable;

(ii) Hears additional evidence at the request of a party; and

(iii) Basing its decision on the preponderance of the evidence, grants the relief that the court determines to be appropriate.

(j) *State fair hearing board.* A fair hearing board as defined in § 361.5(b)(22) is authorized to carry out the responsibilities of the impartial hearing officer under paragraph (e) of this section in accordance with the following criteria:

(1) The fair hearing board may conduct due process hearings either collectively or by assigning responsibility for conducting the hearing to one or more members of the fair hearing board.

(2) The final decision issued by the fair hearing board following a hearing under paragraph (j)(1) of this section

must be made collectively by, or by a majority vote of, the fair hearing board.

(3) The provisions of paragraphs (b)(1), (2), and (3) of this section that relate to due process hearings and of paragraphs (e), (f), (g), and (h) of this section do not apply to fair hearing boards under this paragraph (j).

(k) *Data collection.*

(1) The director of the designated State unit must collect and submit, at a minimum, the following data to the Commissioner of the Rehabilitation Services Administration (RSA) for inclusion each year in the annual report to Congress under section 13 of the Act:

(i) A copy of the standards used by State reviewing officials for reviewing decisions made by impartial hearing officers under this section.

(ii) The number of mediations held, including the number of mediation agreements reached.

(iii) The number of hearings and reviews sought from impartial hearing officers and State reviewing officials, including the type of complaints and the issues involved.

(iv) The number of hearing officer decisions that were not reviewed by administrative reviewing officials.

(v) The number of hearing decisions that were reviewed by State reviewing officials and, based on these reviews, the number of hearing decisions that were—

(A) Sustained in favor of an applicant or eligible individual;

(B) Sustained in favor of the designated State unit;

(C) Reversed in whole or in part in favor of the applicant or eligible individual; and

(D) Reversed in whole or in part in favor of the State unit.

(2) The State unit director also must collect and submit to the Commissioner of RSA copies of all final decisions issued by impartial hearing officers under paragraph (e) of this section and by State review officials under paragraph (g) of this section.

(3) The confidentiality of records of applicants and eligible individuals maintained by the State unit may not preclude the access of the RSA Commissioner to those records for the purposes described in this section.

(Authority: Section 102(c) of the Act; 29 U.S.C. 722(c))

Subpart C—Financing of State Vocational Rehabilitation Programs

§ 361.60 Matching requirements.

(a) *Federal share.*

(1) *General.* Except as provided in paragraph (a)(2) of this section, the

Federal share for expenditures made by the State under the State plan, including expenditures for the provision of vocational rehabilitation services and the administration of the State plan, is 78.7 percent.

(2) *Construction projects.* The Federal share for expenditures made for the construction of a facility for community rehabilitation program purposes may not be more than 50 percent of the total cost of the project.

(b) *Non-Federal share.*

(1) *General.* Except as provided in paragraph (b)(2) and (3) of this section, expenditures made under the State plan to meet the non-Federal share under this section must be consistent with the provisions of 34 CFR 80.24.

(2) *Third party in-kind contributions.* Third party in-kind contributions specified in 34 CFR 80.24(a)(2) may not be used to meet the non-Federal share under this section.

(3) *Contributions by private entities.* Expenditures made from contributions by private organizations, agencies, or individuals that are deposited in the account of the State agency or sole local agency in accordance with State law and that are earmarked, under a condition imposed by the contributor, may be used as part of the non-Federal share under this section if the funds are earmarked for—

(i) Meeting in whole or in part the State's share for establishing a community rehabilitation program or constructing a particular facility for community rehabilitation program purposes;

(ii) Particular geographic areas within the State for any purpose under the State plan, other than those described in paragraph (b)(3)(i) of this section, in accordance with the following criteria:

(A) Before funds that are earmarked for a particular geographic area may be used as part of the non-Federal share, the State must notify the Secretary that the State cannot provide the full non-Federal share without using these funds.

(B) Funds that are earmarked for a particular geographic area may be used as part of the non-Federal share without requesting a waiver of statewideness under § 361.26.

(C) Except as provided in paragraph (b)(3)(i) of this section, all Federal funds must be used on a statewide basis consistent with § 361.25, unless a waiver of statewideness is obtained under § 361.26; and

(iii) Any other purpose under the State plan, provided the expenditures do not benefit in any way the donor, an individual to whom the donor is related by blood or marriage or with whom the donor has a close personal relationship,

or an individual, entity, or organization with whom the donor shares a financial interest. The Secretary does not consider a donor's receipt from the State unit of a grant, subgrant, or contract with funds allotted under this part to be a benefit for the purposes of this paragraph if the grant, subgrant, or contract is awarded under the State's regular competitive procedures.

(Authority: Sections 7(14), 101(a)(3), 101(a)(4) and 104 of the Act; 29 U.S.C. 706(14), 721(a)(3), 721(a)(4) and 724)

Example for paragraph (b)(3):

Contributions may be earmarked in accordance with § 361.60(b)(3)(iii) for providing particular services (e.g., rehabilitation technology services); serving individuals with certain types of disabilities (e.g., individuals who are blind), consistent with the State's order of selection, if applicable; providing services to special groups that State or Federal law permits to be targeted for services (e.g., students with disabilities who are receiving special education services), consistent with the State's order of selection, if applicable; or carrying out particular types of administrative activities permissible under State law. Contributions also may be restricted to particular geographic areas to increase services or expand the scope of services that are available statewide under the State plan in accordance with the requirements in § 361.60(b)(3)(ii).

§ 361.61 Limitation on use of funds for construction expenditures.

No more than 10 percent of a State's allotment for any fiscal year under section 110 of the Act may be spent on the construction of facilities for community rehabilitation program purposes.

(Authority: Section 101(a)(17)(A) of the Act; 29 U.S.C. 721(a)(17)(A))

§ 361.62 Maintenance of effort requirements.

(a) General requirements.

(1) The Secretary reduces the amount otherwise payable to a State for a fiscal year by the amount by which the total expenditures from non-Federal sources under the State plan for the previous fiscal year were less than the total of those expenditures for the fiscal year 2 years prior to the previous fiscal year.

Example: For fiscal year 2001, a State's maintenance of effort level is based on the amount of its expenditures from non-Federal sources for fiscal year 1999. Thus, if the State's non-Federal expenditures in 2001 are less than they were in 1999, the State has a maintenance of effort deficit, and the Secretary reduces the State's allotment in 2002 by the amount of that deficit.

(2) If, at the time the Secretary makes a determination that a State has failed to meet its maintenance of effort

requirements, it is too late for the Secretary to make a reduction in accordance with paragraph (a)(1) of this section, then the Secretary recovers the amount of the maintenance of effort deficit through audit disallowance.

(b) Specific requirements for construction of facilities. If the State provides for the construction of a facility for community rehabilitation program purposes, the amount of the State's share of expenditures for vocational rehabilitation services under the plan, other than for the construction of a facility for community rehabilitation program purposes or the establishment of a facility for community rehabilitation purposes, must be at least equal to the expenditures for those services for the second prior fiscal year. If a State fails to meet the requirements of this paragraph, the Secretary recovers the amount of the maintenance of effort deficit through audit disallowance.

(c) Separate State agency for vocational rehabilitation services for individuals who are blind. If there is a separate part of the State plan administered by a separate State agency to provide vocational rehabilitation services for individuals who are blind—

(1) Satisfaction of the maintenance of effort requirements under paragraphs (a) and (b) of this section are determined based on the total amount of a State's non-Federal expenditures under both parts of the State plan; and

(2) If a State fails to meet any maintenance of effort requirement, the Secretary reduces the amount otherwise payable to the State for that fiscal year under each part of the plan in direct relation to the amount by which expenditures from non-Federal sources under each part of the plan in the previous fiscal year were less than they were for that part of the plan for the fiscal year 2 years prior to the previous fiscal year.

(d) Waiver or modification.

(1) The Secretary may waive or modify the maintenance of effort requirement in paragraph (a)(1) of this section if the Secretary determines that a waiver or modification is necessary to permit the State to respond to exceptional or uncontrollable circumstances, such as a major natural disaster or a serious economic downturn, that—

(i) Cause significant unanticipated expenditures or reductions in revenue that result in a general reduction of programs within the State; or

(ii) Require the State to make substantial expenditures in the vocational rehabilitation program for long-term purposes due to the one-time

costs associated with the construction of a facility for community rehabilitation program purposes, the establishment of a facility for community rehabilitation program purposes, or the acquisition of equipment.

(2) The Secretary may waive or modify the maintenance of effort requirement in paragraph (b) of this section or the 10 percent allotment limitation in § 361.61 if the Secretary determines that a waiver or modification is necessary to permit the State to respond to exceptional or uncontrollable circumstances, such as a major natural disaster, that result in significant destruction of existing facilities and require the State to make substantial expenditures for the construction of a facility for community rehabilitation program purposes or the establishment of a facility for community rehabilitation program purposes in order to provide vocational rehabilitation services.

(3) A written request for waiver or modification, including supporting justification, must be submitted to the Secretary as soon as the State determines that an exceptional or uncontrollable circumstance will prevent it from making its required expenditures from non-Federal sources.

(Authority: Sections 101(a)(17) and 111(a)(2) of the Act; 29 U.S.C. 721(a)(17) and 731(a)(2))

§ 361.63 Program income.

(a) Definition. For purposes of this section, *program income* means gross income received by the State that is directly generated by an activity supported under this part.

(b) Sources. Sources of program income include, but are not limited to, payments from the Social Security Administration for assisting Social Security beneficiaries and recipients to achieve employment outcomes, payments received from workers' compensation funds, fees for services to defray part or all of the costs of services provided to particular individuals, and income generated by a State-operated community rehabilitation program.

(c) Use of program income.

(1) Except as provided in paragraph (c)(2) of this section, program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State plan. Program income is considered earned when it is received.

(2) Payments provided to a State from the Social Security Administration for assisting Social Security beneficiaries and recipients to achieve employment outcomes may also be used to carry out programs under part B of Title I of the Act (client assistance), part B of Title VI

of the Act (supported employment), and Title VII of the Act (independent living).

(3) The State is authorized to treat program income as—

(i) An addition to the grant funds to be used for additional allowable program expenditures, in accordance with 34 CFR 80.25(g)(2); or

(ii) A deduction from total allowable costs, in accordance with 34 CFR 80.25(g)(1).

(4) Program income cannot be used to meet the non-Federal share requirement under § 361.60.

(Authority: Section 108 of the Act; 29 U.S.C. 728; 34 CFR 80.25)

§ 361.64 Obligation of Federal funds and program income.

(a) Except as provided in paragraph (b) of this section, any Federal funds, including reallocated funds, that are appropriated for a fiscal year to carry out a program under this part that are not obligated by the State by the beginning of the succeeding fiscal year and any program income received during a fiscal year that is not obligated by the State by the beginning of the succeeding fiscal year remain available for obligation by the State during that succeeding fiscal year.

(b) Federal funds appropriated for a fiscal year remain available for obligation in the succeeding fiscal year only to the extent that the State met the matching requirement for those Federal funds by obligating, in accordance with 34 CFR 76.707, the non-Federal share in the fiscal year for which the funds were appropriated.

(Authority: Section 19 of the Act; 29 U.S.C. 716)

§ 361.65 Allotment and payment of Federal funds for vocational rehabilitation services.

(a) *Allotment.*

(1) The allotment of Federal funds for vocational rehabilitation services for each State is computed in accordance with the requirements of section 110 of the Act, and payments are made to the State on a quarterly basis, unless some other period is established by the Secretary.

(2) If the State plan designates one State agency to administer, or supervise the administration of, the part of the plan under which vocational rehabilitation services are provided for individuals who are blind and another State agency to administer the rest of the plan, the division of the State's allotment is a matter for State determination.

(b) *Reallotment.*

(1) The Secretary determines not later than 45 days before the end of a fiscal

year which States, if any, will not use their full allotment.

(2) As soon as possible, but not later than the end of the fiscal year, the Secretary reallots these funds to other States that can use those additional funds during the current or subsequent fiscal year, provided the State can meet the matching requirement by obligating the non-Federal share of any reallocated funds in the fiscal year for which the funds were appropriated.

(3) Funds reallocated to another State are considered to be an increase in the recipient State's allotment for the fiscal year for which the funds were appropriated.

(Authority: Sections 110 and 111 of the Act; 29 U.S.C. 730 and 731)

Subpart D—[Reserved]

Subpart E—Evaluation Standards and Performance Indicators

§ 361.80 Purpose.

The purpose of this subpart is to establish evaluation standards and performance indicators for the Program.

(Authority: 29 U.S.C. 726(a))

§ 361.81 Applicable definitions.

In addition to those definitions in § 361.5(b), the following definitions apply to this subpart:

Average hourly earnings means the average per hour earnings in the week prior to exiting the vocational rehabilitation (VR) program of an eligible individual who has achieved a competitive employment outcome.

Business Enterprise Program (BEP) means an employment outcome in which an individual with a significant disability operates a vending facility or other small business under the management and supervision of a designated State unit (DSU). This term includes home industry, farming, and other enterprises.

Exit the VR program means that a DSU has closed the individual's record of VR services in one of the following categories:

(1) Ineligible for VR services.

(2) Received services under an individualized plan for employment (IPE) and achieved an employment outcome.

(3) Received services under an IPE but did not achieve an employment outcome.

(4) Eligible for VR services but did not receive services under an IPE.

General or combined DSU means a DSU that does not serve exclusively individuals with visual impairments or blindness.

Individuals from a minority background means individuals who report their race and ethnicity in any of the following categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic or Latino.

Minimum wage means the higher of the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938, 29 U.S.C. 206(a)(1), (i.e., the Federal minimum wage) or applicable State minimum wage law.

Non-minority individuals means individuals who report themselves exclusively as White, non-Hispanic.

Performance period is the reporting period during which a DSU's performance is measured. For Evaluation Standards 1 and 2, performance data must be aggregated and reported for each fiscal year beginning with fiscal year 1999. However, DSUs that exclusively serve individuals with visual impairments or blindness must report each year the aggregated data for the 2 previous years for Performance Indicators 1.1 through 1.6; the second year must coincide with the performance period for general or combined DSUs.

Performance indicators means Performance Indicators 1.3, 1.4, and 1.5, which are specifically designed to measure—

(1) The achievement of competitive, self-, or BEP employment with earnings equivalent to the minimum wage or higher, particularly by individuals with significant disabilities; and

(2) The ratio between the average hourly earnings of individuals who exit the VR program in competitive, self-, or BEP employment with earnings equivalent to the minimum wage or higher and the State's average hourly earnings for all employed individuals.

RSA-911 means the Case Service Report that is submitted annually by a DSU as approved by the Office of Management and Budget (OMB).

Self-employment means an employment outcome in which the individual works for profit or fee in his or her own business, farm, shop, or office, including sharecroppers.

Service rate means the result obtained by dividing the number of individuals who exit the VR program after receiving one or more services under an IPE during any reporting period by the total number of individuals who exit the VR program (as defined in this section) during that reporting period.

State's average hourly earnings means the average hourly earnings of all persons in the State in which the DSU is located.

(Authority: 29 U.S.C. 726(a))

§ 361.82 Evaluation standards.

(a) The Secretary establishes two evaluation standards to evaluate the performance of each DSU that receives funds under this part. The evaluation standards assist the Secretary and each DSU to evaluate a DSU's performance in serving individuals with disabilities under the VR program.

(b) A DSU must achieve successful performance on both evaluation standards during each performance period.

(c) The evaluation standards for the VR program are—

(1) Evaluation Standard 1—

Employment outcomes. A DSU must assist any eligible individual, including an individual with a significant disability, to obtain, maintain, or regain high-quality employment.

(2) *Evaluation Standard 2—Equal access to services.* A DSU must ensure that individuals from minority backgrounds have equal access to VR services. (Approved by the Office of Management and Budget under control number 1820-0508.)

(Authority: 29 U.S.C. 726(a))

§ 361.84 Performance indicators.

(a) The performance indicators establish what constitutes minimum compliance with the evaluation standards.

(b) The performance indicators require a DSU to provide information on a variety of factors to enable the

Secretary to measure compliance with the evaluation standards.

(c) The performance indicators are as follows:

(1) Employment outcomes.

(i) *Performance Indicator 1.1.* The number of individuals exiting the VR program who achieved an employment outcome during the current performance period compared to the number of individuals who exit the VR program after achieving an employment outcome during the previous performance period.

(ii) *Performance Indicator 1.2.* Of all individuals who exit the VR program after receiving services, the percentage who are determined to have achieved an employment outcome.

(iii) *Performance Indicator 1.3.* Of all individuals determined to have achieved an employment outcome, the percentage who exit the VR program in competitive, self-, or BEP employment with earnings equivalent to at least the minimum wage.

(iv) *Performance Indicator 1.4.* Of all individuals who exit the VR program in competitive, self-, or BEP employment with earnings equivalent to at least the minimum wage, the percentage who are individuals with significant disabilities.

(v) *Performance Indicator 1.5.* The average hourly earnings of all individuals who exit the VR program in competitive, self-, or BEP employment with earnings levels equivalent to at least the minimum wage as a ratio to the State's average hourly earnings for all individuals in the State who are employed (as derived from the Bureau of Labor Statistics report "State Average

Annual Pay" for the most recent available year).

(vi) *Performance Indicator 1.6.* Of all individuals who exit the VR program in competitive, self-, or BEP employment with earnings equivalent to at least the minimum wage, the difference between the percentage who report their own income as the largest single source of economic support at the time they exit the VR program and the percentage who report their own income as the largest single source of support at the time they apply for VR services.

(2) Equal access to services.

(i) *Performance Indicator 2.1.* The service rate for all individuals with disabilities from minority backgrounds as a ratio to the service rate for all non-minority individuals with disabilities.

(Approved by the Office of Management and Budget under control number 1820-0508.)

(Authority: 29 U.S.C. 726(a))

§ 361.86 Performance levels.

(a) General.

(1) Paragraph (b) of this section establishes performance levels for—

(i) General or combined DSUs; and

(ii) DSUs serving exclusively individuals who are visually impaired or blind.

(2) The Secretary may establish, by regulations, new performance levels.

(b) *Performance levels for each performance indicator.*

(1)(i) The performance levels for Performance Indicators 1.1 through 1.6 are—

Performance indicator	Performance level by type of DSU	
	General/Combined	Blind
1.1	Equal or exceed previous performance period	Same.
1.2	55.8%	68.9%.
1.3	72.6%	35.4%.
1.4	62.4%	89.0%.
1.5	.52 (Ratio)	.59.
1.6	53.0 (Math. Difference)	30.4.

(ii) To achieve successful performance on Evaluation Standard 1 (Employment outcomes), a DSU must meet or exceed the performance levels established for four of the six performance indicators in the evaluation standard, including meeting or exceeding the performance levels for two of the three primary indicators (Performance Indicators 1.3, 1.4, and 1.5).

(2)(i) The performance level for Performance Indicator 2.1 is—

Performance indicator	Performance levels
2.1	.80 (Ratio).

(ii) To achieve successful performance on Evaluation Standard 2 (Equal access), DSUs must meet or exceed the performance level established for Performance Indicator 2.1 or meet the performance requirement in paragraph (2)(iii) of this section.

(iii) If a DSU's performance does not meet or exceed the performance level required for Performance Indicator 2.1, or if fewer than 100 individuals from a

minority population have exited the VR program during the reporting period, the DSU must describe the policies it has adopted or will adopt and the steps it has taken or will take to ensure that individuals with disabilities from minority backgrounds have equal access to VR services.

(Authority: 29 U.S.C. 726(a))

§ 361.88 Reporting requirements.

(a) The Secretary requires that each DSU report within 60 days after the end of each fiscal year the extent to which the State is in compliance with the

evaluation standards and performance indicators and include in this report the following RSA-911 data:

(1) The number of individuals who exited the VR program in each closure category as specified in the definition of "Exit the VR program" under § 361.81.

(2) The number of individuals who exited the VR program in competitive, self-, or BEP employment with earnings at or above the minimum wage.

(3) The number of individuals with significant disabilities who exited the VR program in competitive, self-, or BEP employment with earnings at or above the minimum wage.

(4) The weekly earnings and hours worked of individuals who exited the VR program in competitive, self-, or BEP employment with earnings at or above the minimum wage.

(5) The number of individuals who exited the VR program in competitive, self-, or BEP employment with earnings at or above the minimum wage whose primary source of support at the time they applied for VR services was "personal income."

(6) The number of individuals who exited the VR program in competitive, self-, or BEP employment with earnings at or above the minimum wage whose primary source of support at closure was "personal income."

(7) The number of individuals exiting the VR program who are individuals from a minority background.

(8) The number of non-minority individuals exiting the VR program.

(9) The number of individuals from a minority background exiting the VR program after receiving services under an IPE.

(10) The number of non-minority individuals exiting the VR program after receiving services under an IPE.

(b) In lieu of the report required in paragraph (a) of this section, a DSU may submit its RSA-911 data on tape, diskette, or any alternative electronic format that is compatible with RSA's capability to process such an alternative, as long as the tape, diskette, or alternative electronic format includes the data that—

(1) Are required by paragraph (a)(1) through (10) of this section; and

(2) Meet the requirements of paragraph (c) of this section.

(c) Data reported by a DSU must be valid, accurate, and in a consistent format. If a DSU fails to submit data that are valid, accurate, and in a consistent format within the 60-day period, the DSU must develop a program improvement plan pursuant to § 361.89(a). (Approved by the Office of Management and Budget under control number 1820-0508.)

(Authority: 29 U.S.C. 726(b))

§ 361.89 Enforcement procedures.

(a) If a DSU fails to meet the established performance levels on both evaluation standards as required by § 361.82(b), the Secretary and the DSU must jointly develop a program improvement plan that outlines the specific actions to be taken by the DSU to improve program performance.

(b) In developing the program improvement plan, the Secretary considers all available data and information related to the DSU's performance.

(c) When a program improvement plan is in effect, review of the plan is conducted on a biannual basis. If necessary, the Secretary may request that a DSU make further revisions to the plan to improve performance. If the Secretary establishes new performance levels under § 361.86(a)(2), the Secretary and the DSU must jointly modify the program improvement plan based on the new performance levels. The Secretary continues reviews and requests revisions until the DSU sustains satisfactory performance based on the current performance levels over a period of more than 1 year.

(d) If the Secretary determines that a DSU with less than satisfactory performance has failed to enter into a program improvement plan or comply substantially with the terms and conditions of the program improvement plan, the Secretary, consistent with the procedures specified in § 361.11, reduces or makes no further payments to the DSU under this program until the DSU has met one of these two requirements or raised its subsequent performance to meet the current overall minimum satisfactory level on the compliance indicators.

(Approved by the Office of Management and Budget under control number 1820-0508.)

(Authority: 29 U.S.C. 726(b) and (c))

Appendix

Analysis of Comments and Changes

Note: The following appendix will not appear in the Code of Federal Regulations.

Section 361.4—Applicable Regulations

Comments: Several commenters requested clarification of proposed § 361.4(c) and (d) that made applicable to the VR program the regulations implementing the One-Stop system under Title I of the WIA. In particular, these commenters requested that the Secretary assure in this section that the regulations governing the One-Stop system do not conflict with the regulations in part 361 and that the One-Stop system requirements would not apply if conflicts between regulatory provisions arise.

Discussion: Proposed § 361.4(c) listed the regulations in 20 CFR part 662 (Description of One-Stop Service Delivery System under Title I of WIA) among the regulations applicable to the VR program. Similarly, proposed § 361.4(d) identified the civil rights protections under 29 CFR part 37 (Implementation of the Nondiscrimination and Equal Opportunity Provisions of WIA) as applicable to VR program activities that are conducted as part of the One-Stop system. Citing these parts of Federal regulations is intended solely as a means of notifying State units of their regulatory obligations as One-Stop system partners.

Moreover, both Title I of WIA and its implementing regulations specify that partner programs, such as the VR program, are to participate in applicable One-Stop system activities in a manner that is consistent with the Federal law authorizing the individual partner program (see e.g., section 121(b)(1)(A)(ii) of WIA; 20 CFR 662.230(d)). We interpret this requirement to mean that the DSU administering the VR program in the State must partner with the other components of the One-Stop system in accordance with the requirements of both Title I of the Rehabilitation Act of 1973 and these final regulations. Given that condition on One-Stop system participation, and the fact that these regulations generally govern State conduct, we do not consider it appropriate to include in the regulations the assurances sought by the commenters. However, we emphasize that we have worked closely with the U.S. Department of Labor to ensure that the One-Stop system regulations do not conflict with VR program requirements. Despite these efforts, we urge State units and others to inform us of any apparent conflicts between regulatory provisions that arise so that we, along with the Department of Labor, can address any inconsistencies that might remain.

Changes: None.

Section 361.5(b)—Applicable Definitions

• General

Comments: Several commenters asked that additional terms be defined in the final regulations. One commenter requested that a definition of "informed choice" be added to the regulations. Other commenters asked that separate definitions of the terms "qualified vocational rehabilitation counselor" and "qualified vocational rehabilitation counselor employed by the designated State unit" be included among the regulatory definitions. Finally, some commenters asked that "rehabilitation engineering" be defined in the final regulations since that term is used in the definition of "rehabilitation technology," while others suggested that "mediation" be defined in the final regulations in order to clarify the scope of the mediation process.

Discussion: We do not believe it is necessary to define "informed choice" in the final regulations. Section 361.52 of both the proposed and final regulations, which tracks section 102(d) of the Act, enumerates the critical aspects of informed choice and reflects the statutory emphasis that individuals participating in the VR program must be able to exercise informed choice

throughout the entire rehabilitation process. That section of the regulations also retains additional choice-related provisions from the current regulations, including, in § 361.52(c), the types of information that must be provided for an individual to exercise choice in selecting VR services and service providers. Thus, § 361.52, as a whole, contains a comprehensive list of requirements intended to ensure that individuals are given meaningful choices, and the opportunity to exercise those choices, in each aspect of their rehabilitation, as the Act intends.

For further discussion of our decision to not define "informed choice," please see the analysis of comments to § 361.52 in this appendix.

We agree that clarification is needed concerning the distinction between a "qualified vocational rehabilitation counselor" and a "qualified vocational rehabilitation counselor employed by the DSU." However, we do not believe that defining these terms would provide the necessary clarification since States can readily determine which counselors they employ. Rather, we think it would be more helpful to further explain the differences between the functions that must be performed by DSU and non-DSU counselors. That discussion can be found in the analysis of comments received under § 361.45.

We agree that retaining the current regulatory definition of "rehabilitation engineering" would be beneficial.

Finally, the 1998 Amendments introduced mediation as another means for individuals and State units to resolve disputes regarding the provision of VR services. Although mediation is new to the VR program, it has been used for years in other programs as a less adversarial process for resolving disputes than formal due process hearings or court litigation. The NPRM provided guidance to States in developing their systems of mediation by defining the statutory term "qualified and impartial mediator." However, we agree that defining "mediation" in the regulations would provide further clarification.

We believe it is important that the regulations give States sufficient flexibility to establish mediation procedures that best meet the needs of individuals with disabilities in the State and the needs of the State unit. At the same time, for efficiency purposes, we feel that the definition of "mediation" in the final regulations should allow for States to conduct mediations under the VR program in a manner that is consistent with those conducted by the State under similar programs. We believe that a definition that is based on relevant portions of the definition of "mediation" in the Federal regulations governing the Client Assistance Program (CAP) in 34 CFR 370.6(b) serves both of those purposes.

Changes: We have amended the proposed regulations to include definitions of the terms "mediation" and "rehabilitation engineering." These definitions are located in § 361.5(b)(36) and (b)(44), respectively, meaning that other definitions in the proposed regulations have been renumbered in the final regulations.

• *Administrative costs under the State plan*

Comments: One commenter asked why the listing of costs in the proposed definition of "administrative costs under the State plan" was preceded by the term "including" rather than "including, but not limited to," as in the current regulations. This same commenter also asked what is meant by "support services" to other entities, which was listed as an administrative cost under § 361.5(b)(2)(iv) of the proposed regulations.

Discussion: The proposed definition of "administrative costs under the State plan," which tracks the definition in section 7(1) of the Act, does not differ substantively from the previous regulatory definition. However, because we interpret the statutory definition to allow for "administrative costs" other than those listed in the Act, we agree with the commenter that the definition should specify that the scope of administrative costs is not limited to the costs listed in the definition.

"Support services to other State agencies, private nonprofit organizations, and businesses and industries," which is referenced in section 7(1)(D) of the Act, as well as in § 361.5(b)(2)(iv), can include activities such as training the staff of the One-Stop system on disability issues, providing organizations with materials and advice on auxiliary aids and services and other accessibility issues, reviewing employers' workplace policies and hiring practices, and other activities that would facilitate and promote the employment of individuals with disabilities. The scope of support services that a State unit may provide would differ depending upon the circumstances in that State.

Changes: We have amended the definition of "administrative costs under the State plan" to clarify that the scope of administrative costs under the program includes, but is not limited to, the costs listed in the definition.

• *Appropriate modes of communication*

Comments: Several commenters requested that we amend the proposed definition of "appropriate modes of communication" to include additional communication modes that are available for individuals who are deaf or hard of hearing.

Discussion: The definition of "appropriate modes of communication" in the proposed regulations, which was the same as the previous regulatory definition, was not intended as a comprehensive list of communication modes used by persons with disabilities. Accordingly, the definition specified that the scope of appropriate modes was not limited to the identified examples and allowed for other modes as they are needed.

Changes: None.

• *Assessment for determining eligibility and vocational rehabilitation needs*

Comments: One commenter asked that this proposed definition be amended to ensure that the information used in assessing eligibility, order of selection category, and vocational rehabilitation needs of an individual with a disability is provided by professionals with expertise in the individual's disabling condition or conditions. This commenter also asked that

we revise the proposed regulations to require that appropriate modes of communication are used in the course of conducting assessments.

Discussion: The points made by the commenter relate to important elements of the assessment process. However, we believe those points are sufficiently addressed by other requirements in the regulations. For example, § 361.42(a) of both the proposed and final regulations requires that determinations of eligibility be made by qualified personnel. Similarly, § 361.18(e) requires that the State unit be able to communicate with applicants, as well as eligible individuals, through appropriate modes of communication. Because these requirements apply to the State unit as it conducts assessments and fulfills its other functions, we do not consider it necessary to amend the proposed definition as the commenter requested.

Changes: None.

• *Comparable services and benefits*

Comments: One commenter asked that the proposed definition be revised to specifically exclude the personal resources of the eligible individual from the scope of "comparable services and benefits" that the State unit must use before expending program funds in support of VR services.

In addition, a number of commenters asked whether a "ticket" issued to an individual with a disability under the Ticket to Work and Work Incentives Improvement Act of 1999, Pub. L. 106-170 (TWWIA) constitutes a comparable service or benefit. Several other commenters stated that a Plan for Achieving Self-Support (PASS) issued by the Social Security Administration (SSA) should not be treated as a comparable service or benefit.

Discussion: The proposed regulatory definition of comparable services and benefits—services and benefits that are provided or paid for by other Federal, State or local public agencies, by health insurance, or by employee benefits—did not include the eligible individual's personal resources. Nonetheless, an individual may be asked to participate in the costs of certain VR services to the extent that the State unit uses a financial needs test that is consistent with the requirements in § 361.54 of the regulations.

Because Social Security recipients with disabilities are issued "tickets" under TWWIA in order to receive training and employment-related services from an employment network as defined in that act, we believe that the ticket constitutes a comparable service and benefit under the VR program. Thus, to the extent that a ticket holder is receiving services from another entity that is serving as that individual's employment network, the DSU need not expend VR program funds on services that are comparable to the services the individual is already receiving. On the other hand, if the individual initially chooses the DSU as its employment network under TWWIA, or otherwise transfers his or her ticket to the DSU, then the individual would be served solely by the DSU, and the ticket would not be considered a comparable service and benefit.

On a related point, we note that DSUs must accept a ticket as sufficient evidence that the

ticket holder has a disability, is receiving Social Security benefits, and therefore is presumptively eligible under the VR program (see § 361.42(a)(3) of the final regulations).

Finally, we agree with the commenters' assertion that a PASS does not constitute a comparable service or benefit. Simply stated, a PASS is a mechanism made available to SSDI beneficiaries under the Social Security Act that enables its holder to conserve certain amounts of his or her own income or resources for purposes of supporting himself or herself in the future. Thus, because a PASS is not a source of support for VR services, we do not view it as a comparable benefit that the DSU can look to as an alternative to expending VR program funds.

Changes: None.

- *Competitive employment*

Comments: One commenter questioned the basis for the requirement that "competitive employment" be limited to employment outcomes in integrated settings. A second commenter asked that we broaden the definition of "competitive employment" in the proposed regulations to include employment under the Javits-Wagner-O'Day (JWOD) program if that employment is chosen by the eligible individual.

Discussion: The proposed definition of "competitive employment" was the same as that found in the previous regulations. Although the term is not defined in the Act, section 7(11), the statutory definition of "employment outcome" does refer to competitive employment in the integrated labor market. On that basis, and in light of the great emphasis that the Act places on maximizing the integration into society of persons with disabilities, it has been our longstanding policy to define "competitive employment" to mean employment in an integrated setting (at or above minimum wage). For further information on the integrated setting (and wage) components of the "competitive employment" definition, please refer to the relevant discussion in the preamble to the previous regulations (62 FR 6310 through 6311).

Whether an employment outcome meets the regulatory definition of "competitive employment" is to be determined on case-by-case basis. If a particular job, including a job secured under the JWOD program, is integrated (*i.e.*, the individual with a disability interacts with non-disabled persons to the same extent that non-disabled individuals in comparable positions interact with other persons; § 361.5(b)(33)(ii) of the final regulations) and the individual is compensated at or above the minimum wage (and not less than the customary wage and benefit level paid by the employer for the same or similar work performed by individuals who are not disabled; § 361.5(b)(11)(ii) of the final regulations), then that position would be considered competitive employment. In fact, we expect that many jobs secured under JWOD service contracts would meet these criteria. On the other hand, employment in a non-integrated setting such as a sheltered workshop would not qualify as competitive employment regardless of whether the position is obtained under a JWOD contract or another program or arrangement.

Changes: None.

- *Employment outcome*

Comments: A number of commenters recommended that we expand the definition of "employment outcome" in the proposed regulations (*i.e.*, entering or retaining full- or part-time competitive, supported, or other employment) to include "advancing in" appropriate employment. This change, the commenters believe, would encourage DSUs to look beyond entry-level employment options for eligible individuals.

Another commenter asked that we define "part-time employment" in the final regulations. This commenter expressed concern about DSUs expending resources on individuals who might work very few hours in the course of a week or a month.

Discussion: The chief purpose of the VR program is to assist eligible individuals with disabilities to achieve high-quality employment outcomes consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Because that standard is reflected in the definition of the term "employment outcome," we believe that the regulations sufficiently support the commenters' point that individuals with disabilities who are currently employed should be able to receive VR services in order to advance in their careers.

Additionally, the availability of VR services for purposes of "advancing in" employment is addressed in other parts of the regulations. For example, § 361.46(a)(1)(ii) of the final regulations also specifies that the employment outcome identified in the individualized plan for employment, *i.e.*, the employment goal the individual must pursue with the assistance of the State unit, must be consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice. That section requires that States look beyond options in entry-level employment for VR program participants who are capable of more challenging work. Specifically, the eligible individual should be assisted in pursuing the job that reflects his or her strengths, resources, abilities, and other employment factors previously listed. We suggest that you consult Rehabilitation Services Administration (RSA) Policy Directive 97-04 for a more complete discussion of the scope and selection of employment outcomes for eligible individuals.

We have not defined "part-time employment" as used in the proposed definition of "employment outcome." We note that most employers generally consider any job of less than 35 hours per week to be part-time. Yet, we do not believe that it would be appropriate to require a minimum number of hours for part-time work secured through the VR program.

Although we think that instances in which eligible individuals work only a handful of hours per week are limited, we do not want to discourage State units from serving potential part-time workers who, with the State unit's support, may increase their hours or even become employed full-time at a later date.

Changes: None.

- *Fair Hearing Board*

Comments: One commenter suggested modifying the proposed regulations to require a State's fair hearing board to include at least one individual with a disability.

Discussion: By defining "fair hearing board" in the proposed regulations, we intended to clarify past confusion about the scope of the fair hearing board exception to the due process requirements under section 102(c)(6)(A) of the Act. In particular, the proposed regulations specified in § 361.57(j) that for a State's pre-1985 fair hearing board to qualify under the exception, that board must be comprised of a group of persons that acts collectively when issuing final decisions to resolve disputes concerning the provision of VR services to applicants or eligible individuals.

These proposed requirements were intended to address instances in which some States had misinterpreted the exception as enabling a single administrative law judge or other official of a State office of hearing examiners to carry out hearings under § 361.57 without following the procedural requirements in that section. In response, we modeled the proposed definition after the actual State fair hearing board that served as the catalyst for the statutory exception in the 1986 Amendments to the Rehabilitation Act. Because those few States with hearing boards that qualify under the exception have long followed this authorized State process for resolving individual disputes under the VR program, we do not believe it is necessary or prudent to impose special membership requirements on those boards through regulations. We do, however, encourage the few fair hearing board States to consider qualified individuals with disabilities when vacancies on these boards arise.

Changes: None.

- *Maintenance*

Comments: Several commenters objected to the use of examples following this definition, stating that the information included in the examples should be placed in sub-regulatory guidance. Other commenters supported the use of the examples in the proposed regulations.

In addition, one commenter asked that we clarify the types of "enrichment activities" that would fall under the fourth example to the proposed definition, while another asked that we eliminate that example altogether.

Discussion: As we have stated in preambles to prior versions of the VR program regulations, we believe that the limited use of examples following the regulatory definition of "maintenance" is helpful in understanding the types of services that maintenance may include. The examples are purely illustrative and are not meant to limit or exclude other types of services that could be considered maintenance.

The fourth example to both the proposed and previous regulatory definition stated that maintenance can include the costs of an individual's "participation in enrichment activities" related to the individual's training. This example was added to the previous regulations in 1997 in response to the requests of public commenters who noted that some DSUs establish limits in

maintenance budgets that preclude individuals from participating in enrichment activities (e.g., student trips, visits to museums, supplemental lectures, etc.) that are often important components of a student's training program. The "enrichment" example was intended to encourage DSUs to factor in these extra costs when developing an individualized plan for employment (IPE) for a student so that the individual can take advantage of supplemental enrichment activities as appropriate.

Changes: None.

- *Personal assistance services*

Comments: One commenter questioned the point at which a State unit can provide personal assistance services to an individual with a disability.

Discussion: The proposed definition, which was the same as that in the previous regulations, specified that "personal assistance services" (i.e., services designed to assist persons with disabilities in daily living activities) must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other VR services. As long as those conditions are met, personal assistance services, as defined in § 361.5(b)(39) of the regulations, can be made available at any stage in the VR process, including during the assessment for determining the individual's eligibility and priority for VR services.

Changes: None.

- *Physical and mental restoration services*

Comments: One commenter asked us to require that all services listed in the proposed definition of "physical and mental restoration services" be provided by personnel who are qualified in accordance with applicable State licensure laws. Another commenter asked that the definition in the final regulations specifically refer to "assistive listening and alerting devices." Finally, one commenter asked that the regulations prohibit a State unit from providing physical or mental restoration services if other resources are available.

Discussion: The proposed regulations followed the scope of physical and mental restoration services specified in section 103(a)(6) of the Act, and we do not believe that it would be appropriate to apply, solely through regulations, State licensure requirements on the provision of additional restoration services. However, a State may, if it has not done so already, choose to establish licensure or other qualified personnel requirements for providers of physical and mental restoration services. Those States would need to address those requirements in its written policies on the nature and scope of services developed under § 361.50.

We do not believe it is necessary to list additional restoration services in the final regulatory definition. Additional medical or medically related services that an individual needs in order to achieve an employment outcome are authorized under § 361.5(b)(40)(xvi).

Similarly, the commenter's concerns about using other resources before expending VR funds in support of restoration services is fully addressed elsewhere in the regulations. Section 361.48(e) of both the proposed and

final regulations, under which restoration services are authorized, specifies that those services can be made available only to the extent that financial support for the services is not available from other sources. The application of the more general comparable services and benefit requirements in § 361.53 produces the same result.

Changes: None.

- *Physical or mental impairment*

Comments: Several commenters questioned the proposed revision to the previous regulatory definition of "physical or mental impairment" to mirror the definition used in the regulations implementing section 504 of the Act (section 504) (34 CFR 104.3) and the Americans with Disabilities Act (ADA). The commenters stated that using the ADA or section 504 definition may create confusion, conflict with existing definitions in State law, and weaken the eligibility criteria of the VR program. Several other commenters supported the revised definition, stating that consistency across Federal disability laws leads to more effective administration of the VR and other programs.

Discussion: As noted in the preamble discussion of the changes to the definition of "physical or mental impairment" proposed in the NPRM (65 FR 10622), the revised definition does not impact on the employment-related eligibility criteria under the VR program. The changes to the definition in the previous regulations were proposed in an effort to make the VR program regulations more consistent with other Federal disability laws that define "physical or mental impairment." We agree with those commenters who indicated that consistency with the definition used in the ADA and section 504 regulations increases efficiency and actually lessens confusion by eliminating the need to duplicate efforts in assessing whether an individual has an impairment. Again, the changes address only whether an impairment exists; eligibility for VR services remains dependent on whether an individual also satisfies the eligibility criteria that are focused on employment (i.e., the impairment results in a substantial impediment to employment and the other criteria in § 361.42(a)).

Also, we do not believe that the proposed definition restricted the scope of physical or mental impairments that satisfied the previous regulatory definition or that the proposed definition conflicted with definitions of the same term in State law. If such a conflict exists, we ask that the State seek technical assistance from RSA in modifying its requirements in order to ensure that the State does not employ additional or more restrictive eligibility criteria for individuals to receive VR services as compared to the criteria specified in these final regulations.

Changes: None.

- *Post-employment services*

Comments: One commenter requested that the proposed regulations be modified to eliminate the availability of post-employment services for purposes of "advancing" in employment.

Discussion: Although the term "post-employment services" is not defined in the Act, section 103(a)(18) of the Act specifically

authorizes post-employment services that are necessary to assist an individual with a disability to retain, regain, or advance in employment. The proposed definition, which followed the definition in the previous regulations, supported the use of post-employment services to enable persons to "advance" in employment. As in the previous regulations, the note that followed the proposed definition offered additional guidance regarding the provision of post-employment services.

Changes: None.

- *Qualified and impartial mediator*

Comments: We received many comments on the proposed definition of "qualified and impartial mediator." First, several commenters stated that requiring mediators to be "trained in effective mediation techniques consistent with any State-approved or -recognized certification, licensing, registration, or other requirements" * * * establishes too restrictive a standard for mediators. Others sought additional guidance on how to implement this requirement if the State has not established applicable certification or other requirements. In addition, several commenters asked whether the prohibition on public agency employees serving as mediators under the proposed definition applies to those from a State Office of Dispute Resolution who conduct mediations across multiple State programs.

Aside from those issues, some commenters asked that we clarify whether a qualified and impartial mediator could also serve as an impartial hearing officer in resolving individual disputes that arise under the VR program. Other commenters voiced support for the proposed definition and for the emphasis given to mediation in the proposed regulations.

Discussion: In establishing the general guidelines that govern mediations, section 102(c)(4) of the Act requires that mediations be conducted by a "qualified and impartial mediator who is trained in effective mediation techniques." We defined "qualified and impartial mediator" in the proposed regulations as a means of providing guidance to the States in identifying or training available mediators.

As indicated previously, we are aware that many States already use mediation to resolve disputes arising under other authorities (e.g., the Individuals with Disabilities Education Act (IDEA) or family law statutes) and that education, experience, or other qualification standards for mediators may vary from State to State. Thus, the proposed requirement that mediators under the VR program be trained consistent with applicable certification or other requirements was intended to ensure that mediators of disputes arising under the VR program are sufficiently qualified and that the State unit is able to use its State's existing pool of qualified mediators.

We fully agree that mediators in a State Office of Dispute Resolution or other similar office should be able to conduct mediations under the VR program, and we have modified the proposed definition to accommodate that situation. This change is analogous to the provision that enables administrative law judges and hearing examiners in the State to

serve as impartial hearing officers even though those individuals are public employees (see the definition of "impartial hearing officer" in § 361.5(b)(25)).

In addition, although we believe that it is not generally the case, if there are no recognized credentialing or qualification standards for mediators in the State, then the Act and these final regulations require only that the State unit ensure that its mediators are trained in effective mediation techniques and meet the other components of the definition in § 361.5(b)(43).

It is critical that qualified and impartial mediators be neutral in facilitating the resolution of disputes regarding the provision of services to applicants or eligible individuals under the VR program. Therefore, we modeled the impartiality requirements in the proposed definition of "qualified and impartial mediator" after similar requirements in the previous definition of "impartial hearing officer." Nevertheless, we realize that many States, particularly rural States with relatively small populations, have difficulty maintaining an appropriate pool of individuals to serve as hearing officers. It is not unusual in these or other States for hearing officers also to be trained as mediators, and we interpret the Act as allowing individuals to serve as both mediators and hearing officers under the VR program, provided they meet the applicable qualifications for each position. However, we also interpret the statutory requirement that mediators and hearing officers be impartial (see section 102(c)(4)(B)(iii) of the Act in reference to mediators and sections 7(16) and 102(c)(5) of the Act in reference to hearing officers) to preclude the same individual from serving as both mediator and hearing officer in the same case.

Changes: We have revised the definition of "qualified and impartial mediator" to allow employees of a State office of mediators or similar office to serve as qualified and impartial mediators under the VR program.

• **Substantial impediment to employment**

Comments: One commenter suggested that "communication" be listed among the attendant factors in the definition that could indicate the existence of a "substantial impediment to employment," since communication plays a critical role in the individual's ability to function in the workplace. Other commenters requested that the proposed definition be revised to include examples of how the attendant medical factors are applied if medical measures are taken and result in mitigating functional limitations.

Discussion: We agree that communication competence is crucial to success in the workplace. Although the proposed and previous regulations stated explicitly that a "substantial impediment to employment" could be measured in terms of "other factors," we agree that "communication" should be added to the specific factors listed in the final regulatory term.

We suspect that those commenters who suggested that the final regulations explain how attendant medical factors indicating the existence of a "substantial impediment to employment" are assessed if medical measures that mitigate functional limitations

(also referred to as "mitigating measures") are taken are questioning the application to the VR program of recent Supreme Court case law interpreting the ADA. The relevant cases require that any mitigating measures (e.g., medication) that an individual is using to lessen the effects of that person's impairment be taken into account in determining whether the individual has a disability under the ADA (i.e., an impairment that substantially limits one or more major life activities).

It is not clear, however, that the Court's decisions apply to the VR program eligibility criterion that an individual's impairment constitutes a substantial impediment to employment, since that provision and ADA language in question are not identical. Moreover, the purpose of the ADA, which is a civil rights statute, differs from that of the VR program, which provides Federal funding to assist individuals with disabilities enter into employment. We are not aware of any instances in which States, based on these cases, have altered their processes for assessing an individual's eligibility for the VR program; nor would we encourage them to do so.

Changes: None.

• **Supported employment**

Comments: Some commenters requested clarification of what it means to be "working toward competitive employment" for purposes of meeting the definition of "supported employment" in the proposed regulations. These commenters also asked whether the fact that an individual in supported employment is working toward competitive employment affects the 18-month limit on supported employment services provided by the State unit.

Discussion: The 1998 Amendments expanded the prior statutory definition of "supported employment" ("competitive work in an integrated setting with ongoing supports") to also include "employment in integrated settings in which individuals are working toward competitive work" in order to cover persons who are working in supported employment settings but are making less than the minimum wage. "Competitive employment," which we have long viewed as synonymous with the term "competitive work" used in the supported employment definition, generally refers to employment that is performed in an integrated setting for which the individual is compensated at or above the minimum wage. Thus, as long as an individual receiving ongoing support services while working in an integrated setting is also progressing or moving toward the minimum wage level, then the individual's job is considered "supported employment." We note, however, that an individual in supported employment working toward competitive employment would not be considered to have achieved a "competitive employment" outcome until the individual is earning at least the minimum wage consistent with the definition of "competitive employment" in § 361.5(b)(11).

We also note that the change to the statutory definition of "supported employment" does not affect the 18-month period for which the DSU can provide supported employment services. Once that

18 months has passed (and unless the special circumstances warrant an extension), ongoing services, if needed, must be provided by a provider of extended services (see § 361.5(b)(20) of the final regulations) regardless of whether the individual has yet to receive at least the minimum wage.

Changes: None.

• **Transportation**

Comments: Five commenters asked that the examples following the proposed definition of "transportation" be deleted. Another commenter supported specifically the example stating that the modification of a vehicle is a rehabilitation technology, rather than a transportation, service. Another commenter asked that we include in the final regulations specific authority for DSUs to pay for the repair and maintenance of vehicles.

Discussion: We have found that the examples following the previous regulatory definition of "transportation," which were largely the same as those included in the proposed regulations, were helpful to State agency personnel, individuals with disabilities, and others in clarifying the scope of transportation services authorized under the VR program. As we have always maintained, these examples are purely illustrative and are not meant to provide a comprehensive set of allowable transportation services.

Thus, because other authorized "transportation" services exist, and should be considered in light of the needs of the individual, we do not believe it is necessary to specify additional transportation costs in the regulations. We do note, however, that the second example to the proposed definition identifies the "purchase and repair" of vehicles as an example of an authorized transportation expense. We view the vehicle "repair and maintenance" expense identified by the commenter as covered by that example and, therefore, authorized. We would also instruct each DSU to include in its written policies governing the nature and scope of services under § 361.50(a) any additional transportation expenses that the DSU generally provides.

Changes: None.

Section 361.10 Submission, Approval, and Disapproval of the State Plan

Comments: Commenters expressed concern that the proposed regulations would require the State unit to hold public meetings throughout the State prior to adopting any new substantive policy or procedure concerning the provision of VR services or substantively amending an existing service-related policy or procedure. Consequently, many commenters viewed the provision as both burdensome and costly. Some of these commenters suggested that the State unit be permitted to adopt new policies and procedures (and make any amendments to existing policies) initially in accordance with applicable State laws and later invite public comment and input on those additions or changes during the State's public meetings on the State plan. Other commenters sought clarification of what constituted a "substantive" policy, procedure, or amendment and asked who would determine whether a policy is "substantive."

Additional comments on this section of the proposed regulations reflected concerns about the different dates that govern the submission of the VR State plan. These commenters recommended that all States be required to submit updates and revisions to their State plans by the same date.

Discussion: Section 101(a)(16)(A) of the Act requires the State to hold public meetings prior to adopting policies or procedures governing the provision of services under the State plan. This requirement is essentially the same as the statutory requirements concerning public meetings that preceded the 1998 Amendments. Thus, we interpret the requirement in section 101(a)(16)(A) of the Act in the same manner as we have historically, i.e., the public is to be given the opportunity to comment on the State plan prior to the State unit adopting substantive policies and procedures (and any amendments thereto) governing the provision of vocational rehabilitation services under the plan. Typically, a State unit fulfills this requirement by taking comment on new policies during public meetings on State plan revisions and updates. Regardless of the timing of the State's public meetings, however, section 101(a)(16)(A) clearly requires that these meetings for receiving public input be held prior to States adopting new or revised policies affecting the provision of VR services. Implementing new policies in advance of the public meetings is not permitted.

We also note that section 101(a)(16)(B) of the Act and § 361.21 of both the previous and the proposed regulations required the designated State agency to consult with certain groups on matters of general policy arising in the administration of the State plan. In addition, a State unit that has a State Rehabilitation Council (Council), in accordance with section 101(a)(21)(A)(ii)(II) of the Act and § 361.16(a) of the regulations (again, both previous and proposed), must consult with the Council regarding the development, implementation, and revision of State policies and procedures of general applicability pertaining to the provision of vocational rehabilitation services. Each of the public comment or consultation requirements specified in the proposed regulations, and the resulting burden, was imposed by the Act, and each was intended to ensure that the State unit accounts for the diverse needs of its State's disability population before modifying its service-provision practices.

Nonetheless, in an effort to reduce the burden on the States, we incorporated into both the proposed and final regulations the term "substantive" to clarify that States need not hold public meetings on policy or procedural changes that are merely technical or do not affect the provision of VR services in any substantive manner. Longstanding RSA guidance (see PD-90-08 and PAC-90-05) provides additional information on the scope of this requirement. We note that the determination of whether a specific policy or procedure is sufficiently "substantive" to warrant public input is made by the State unit. Yet, we strongly urge State units to consult with their Councils in assessing

whether proposed policy changes are "substantive" or in developing evaluative criteria for the State unit to use in making that assessment.

Section 101(a)(1)(A) of the Act requires the State to submit its State plan for the VR program on the same date that it submits its plan under section 112 of WIA. In addition, section 501 of WIA authorizes the State to submit a State unified plan in place of both a WIA section 112 plan and separate State plans for those WIA partner programs, including the VR program. We believe that in order to foster collaboration and cooperation between the VR program and other components of the One-Stop service delivery system, a State plan for the VR program that is not included in the State's unified plan should be submitted on the same date as that unified plan. That view is reflected in § 361.10(f)(3) of the proposed and the final regulations.

Changes: None

Section 361.16 Establishment of an Independent Commission or a State Rehabilitation Council

Comments: One commenter expressed concern that the proposed regulations failed to require the State unit to provide documents to the Council in alternative formats and in a timely manner. As a result, this commenter stated that Council members who are blind will not have sufficient opportunity to review and respond to information provided by the State unit.

Discussion: This section of the proposed regulations made only technical changes to the previous regulations in order to conform to statutory changes in the 1998 Amendments to the Act. We do not believe that a regulatory change to this provision is warranted based on the comment received. Providing information in appropriate formats to Council members with disabilities falls under the State unit's general responsibility under section 504(a) of the Act to not exclude, on the basis of disability, any individual from participating in programs or activities receiving Federal financial assistance. Moreover, Federal regulations at 34 CFR 104.4(b)(1)(vi) specify that a recipient's responsibility under section 504 of the Act extends to the participation of individuals with disabilities on advisory boards. Thus, as in many other instances in which it distributes written materials, the State unit must ensure that Council members who are blind or otherwise disabled are able to review information that the State unit transmits to the Council, as well as participate generally in Council activities.

Changes: None.

Section 361.17 Requirements for a State Rehabilitation Council

Comments: We received several comments regarding the composition requirements of the Council. One commenter requested clarification as to whether an entity that is a required member of the Council could select someone other than a member of that entity as its representative to the Council.

Several commenters suggested that the regulations specify that the "nonvoting" membership status of Council members who

are employees of the designated State agency does not apply to the representative of the CAP. This change, the commenters assert, is necessary since the CAPs in some States are components of the designated State agency that administers the VR program. The commenters raised questions regarding the required Council membership of a representative of the directors of the American Indian VR services projects authorized under section 121 of the Act. Some of these commenters indicated that the Council should include members from each of the section 121 projects and that a single representative of all the directors could not adequately represent all American Indian VR service projects in the State. Other commenters described situations in which a section 121 project is "headquartered" in one State but has a service area that extends across State lines into another State and asked whether that project must be represented on the Council of each State that it serves.

One commenter questioned whether a Council member could be appointed to the State Workforce Investment Board (SWIB) under section 111 of WIA in order to satisfy the requirement in the proposed regulations that the Council include a member of the SWIB. This commenter stated that otherwise this requirement would be difficult to meet given the limited pool of persons interested in serving on the Council as evidenced by the difficulty Councils experience in filling vacancies as they occur.

Finally, we received several comments indicating that the proposed regulations failed to incorporate the new statutory requirement that the majority of members to a Council for a State agency for the blind must be individuals who are blind.

Discussion: Section 105(b) of the Act contains the membership requirements for the Council to ensure that various constituencies of the VR program have a voice in the conduct of the VR program in the State. Section 105(b)(3) requires that the Governor, after soliciting recommendations from organizations representing individuals with disabilities, appoint members to the Council in accordance with the membership criteria in section 105(b)(1) of the Act.

The question as to whether an entity can be represented on the Council by someone other than one of its own members or employees has been raised in the past. With few exceptions, the Council membership requirements in section 105(b)(1) of the Act state that a "representative" of an identified entity must serve on the Council. The Act does not require that the "representative" be an employee or member of the required entity. Thus, we interpret section 105(b) of the Act and § 361.17(b) of the regulations to allow an entity that is required to be represented on the Council to be represented by someone who is not an employee or member of that organization. Recommendations of appropriate representatives can be made by the organizations themselves, although final appointment authority rests with the Governor. Moreover, we would expect that such a Council member would be closely affiliated with and knowledgeable about the

organization or entity whose interests the individual is charged with representing.

We agree that the non-voting status of State agency or State unit employees under § 361.17(b)(2) of the proposed regulations does not apply to Council members representing the State's CAP pursuant to proposed § 361.17(b)(1)(iii).

Questions regarding Council representation of the section 121 project directors have been raised frequently since the passage of the 1998 Amendments to the Act. Moreover, the commenters' concerns as to whether one project director can sufficiently represent the interests of several independent projects serving different populations of American Indians have generated the most debate. Yet, the requirement in proposed § 361.17(b)(1)(ix) enabling one person to represent all section 121 project directors in the State came directly from section 105(b)(1)(ix) of the Act. This requirement appears to reflect an intent of Congress to minimize the burden on States and to ensure that the size of the Councils not be so large as to become unmanageable. Nevertheless, we urge the directors of section 121 projects in the same State to collaborate more extensively than they may have in the past and to work to ensure that their collective views are represented on the Council. We also note that neither the Act nor regulations prohibit the Governor from appointing to the Council more than one representative of the State's section 121 projects (or other groups) if warranted as long as the remaining composition requirements in the Act and regulations (e.g., the requirement that a majority of Council members be individuals with disabilities) are met. As for section 121 projects that are "headquartered" in one State but serve those in another State, it is our understanding that to the extent this occurs, affected projects primarily serve American Indians with disabilities in the State in which the project is located and serve only a relatively small area in a neighboring State. We do not believe that the Council must include a representative of a section 121 project serving American Indians with disabilities in the State if that project is primarily located, and serves those, in another State. In that instance, § 361.17(b)(1)(ix) of the final regulations would apply only to the State in which the project is located. The Governor, however, always has the discretion to appoint to the Council a representative of an out-of-State project that also serves American Indians with disabilities in the Governor's State.

Since the time that the Council requirements came into effect, questions regarding whether the same individual can fulfill more than one role on the Council have been raised often. In response, we consistently have taken the position that an individual may represent only one entity on the Council even though that same individual may qualify under more than one of the composition requirements. We recognize that some States have difficulty maintaining a sufficient pool of qualified individuals to serve on statewide Councils and that the 1998 Amendments to the Act added three new required members to the Council. Nevertheless, section 105(b) of the

Act establishes a minimum number of members for the Council, each of whom represents a specific component of the disability community. Because each member represents a different interest, sometimes one that is divergent from that of other members, we maintain that each organizational requirement must be met separately. Thus, a Council member who serves on the SWIB cannot represent both the SWIB and another organization on the Council.

We agree with the commenters who pointed out the discrepancy between the Act and the regulations regarding the membership requirements that apply to a Council for a separate State agency that administers the VR program for individuals who are blind. These commenters correctly noted that the proposed regulations did not specify, as does the statute, that the majority of members of these Councils must be individuals who are blind. This omission was inadvertent, and we agree that it needs to be corrected in the final regulations.

Changes: We have revised § 361.17(b)(2) of the proposed regulations to clarify that the CAP representative is, in all instances, a voting member of the Council. In addition, we have modified § 361.17(c) to reflect the requirement in section 105(b)(4)(B) of the Act that a majority of the members on a Council for a separate State agency for the blind must be individuals who are blind.

Section 361.18(c) Comprehensive System of Personnel Development—Personnel Standards

Comments: Some commenters expressed concern with the indication in the preamble to the NPRM that statewide "multi-tiered" personnel standards could be used by the State unit in establishing standards for its rehabilitation personnel. Other commenters suggested that the proposed regulations be revised to require that all rehabilitation counselors obtain a Master's degree consistent with the national certification standards for rehabilitation counselors.

In addition, a number of commenters sought waiver or "grandfather" provisions in the final regulations that would exempt current rehabilitation counselors and other professionals from the State's personnel standards. On a related point, some commenters asked whether currently employed rehabilitation counselors who do not meet the State unit's personnel standards can continue to serve as counselors while training to meet the standard.

Additionally, several commenters viewed the requirement in the proposed regulations that the State unit develop a written plan for retraining, recruiting, and hiring staff to meet applicable personnel standards as unduly burdensome. Other commenters supported this requirement and suggested that the written plan be developed with input from the Council.

Finally, several commenters suggested that RSA define the professional and paraprofessional disciplines for which a State unit must establish personnel standards, while others asked what standards the State unit should apply to professions or paraprofessions for which no certification or similar criteria exist.

Discussion: The preamble discussion in the NPRM concerning the ability of State units to use the same multi-tiered personnel standards as those applied by other State agencies to its rehabilitation staff was intended to clarify the level of flexibility the proposed regulations give State units in ensuring that its personnel are qualified within the meaning of the Act. Typically, multi-tiered certification systems require rehabilitation counselors to reach a certain academic level depending on the amount of experience the individual has had in that field. As we indicated in the NPRM (65 FR 10623), because the Act clearly allows State units to base their personnel standards on applicable State standards, it is permissible for a DSU to apply the multi-tiered counselor certification criteria of, for example, the State Workers' Compensation program to DSU counselors if the counselors of both agencies perform similar functions. The Act gives State units that discretion, and that same discretion also prohibits requiring by Federal regulations that all State unit counselors obtain a Master's degree consistent with the national rehabilitation counselor certification standards as sought by some commenters. Nonetheless, as we stressed in the preamble to the NPRM, we encourage each State unit to ensure that its personnel standards promote quality among its counselors and other staff, and we caution State units not to employ minimally qualified individuals by routinely substituting "equivalent experience" for higher-level degree criteria.

The Act does not authorize "grandfathering" or the waiving of personnel standards for current staff. Rather, section 101(a)(7)(B)(ii) of the Act compels the State unit, if its current personnel does not meet the "highest requirements in the State" (i.e., the highest entry-level academic degree needed for the applicable State or national certification, licensing, or registration requirements—see § 361.18(b)(2)(i) of the final regulations), to retrain existing staff, as well as recruit new employees, to meet the personnel standards applicable to each profession.

The written plan under § 361.18(c)(ii) that describes the retraining, recruitment, and other efforts of a State unit whose current personnel standards do not conform to the highest requirements in the State is based on the requirement in the Act that directs the State to provide this information in its State plan. More importantly, however, we believe that the limited components of the written plan (e.g., retraining, recruiting, and hiring steps, timelines for those efforts, procedures for evaluating progress, etc.) are essential to ensuring that the State unit employs a fully qualified staff that is best able to meet the diverse needs of individuals with disabilities. Any burden associated with developing the plan, we believe, is caused by the intent of the Act. The narrow scope of required plan components is expected to provide States with a helpful framework for fulfilling their personnel development responsibilities and improving their service delivery capacity.

As we have stated in the past, we recognize the many constraints faced by State agencies in securing a fully qualified staff, not the least of which is the time that it takes to

retrain existing staff. Thus, current counselors who, pursuant to the State unit's plan under § 361.18(c)(1)(ii), are working toward applicable qualification standards can continue to perform their counselor functions. The Act establishes an expectation that rehabilitation counselors and other staff will become qualified consistent with the highest applicable personnel standards in the State. Accordingly, the requirements in the regulations are intended to ensure that the State unit can continue to serve persons with disabilities while it progresses as rapidly as possible toward the point at which all of its staff, both current and new hires, meet the highest qualifications that the State applies to their professions.

We also emphasize the importance of the role of the Council in the area of personnel development. Section 361.18(a) of the final regulations requires that the Council, if it exists, have an opportunity to review and comment on the development of all plans, policies, and procedures necessary to meet the State unit's obligations under the comprehensive system of personnel development (CSPD). As with each of the Council's functions, we view the Council's input into the development of the State unit's personnel policies, procedures, and standards as vital toward ensuring that those efforts result in a State unit workforce that is fully capable of meeting the training and employment needs of persons with disabilities in the State.

We decline to define the professional and paraprofessional disciplines for which a State unit must establish personnel standards, as some commenters requested. While a State unit must apply to its staff the highest personnel requirements that exist in the State and that apply to each profession, determining the types of professionals and paraprofessionals needed to effectively administer its VR program and establishing the scope of functions for each job are the responsibility of the State unit. It is the State unit that can best judge its staffing needs and establish staffing arrangements that meet the particular needs of that agency's service recipients. In the preamble to the NPRM, however, we did provide some guidance on the categories of professional and paraprofessional disciplines most closely associated with the VR program for which the State unit should give priority in developing both specific job criteria and appropriate qualification standards. Those professions include rehabilitation counselors, vocational evaluators, job coaches for individuals in supported employment or transitional employment, job development and job placement specialists, and personnel who provide medical or psychological services to individuals with disabilities.

As a final matter, we note that if there are no State or national licensing, certification, or registration requirements for a given profession established by the State unit, then both the Act and the final regulations require the State to use other "comparable requirements" (such as State personnel requirements) for that profession or discipline. The scope of these "comparable requirements" (e.g., degree criteria, work experience, etc.) that are applied to jobs for

which no licensing or similar requirements exist is left to the reasonable judgement of the State unit.

Changes: None.

Section 361.22 Coordination With Education Officials

Comments: Some commenters opposed the requirement in the proposed regulations that the State unit complete the IPE for students eligible for VR services before they leave school. These commenters stated, for example, that the proposed requirement would be impracticable for State units to fulfill, would lead to rashly formulated IPEs, or would exceed applicable statutory requirements. Other commenters supported requiring completion of the IPE before the student leaves school and viewed the requirement in the proposed regulations as essential if transition planning is to prove effective.

In addition, one commenter requested that the proposed regulations be revised to require that the formal interagency agreement between the State unit and educational agencies specify both the manner and the time in which State unit staff will participate in transition planning for students with disabilities. Another commenter suggested that each agreement include provisions for resolving disputes regarding the agencies' financial responsibilities in paying for transition services and for enabling students to retain assistive technology provided by schools that the student needs following transition.

Discussion: The proposed requirement that State units provide for the development and completion of the IPE before students who are eligible for VR services leave the school setting was carried over from the previous regulations. As we have indicated from the time the previous regulations were published in 1997, we believe that requiring IPE completion before eligible students with disabilities leave school is entirely consistent with the emphasis on transition in both the Act and its legislative history (see Senate Report 102-357). That emphasis was only heightened by the requirement in the 1998 Amendments that State units increase their participation in transition planning and related activities. More importantly, requiring the IPE to be in place before the student exits school is essential toward ensuring a smooth transition process, one in which students do not suffer unnecessary delays in services and can continue the progress toward employment that they began making while in school. In fact, it is in support of that effort that we have made two clarifications in these final regulations: (1) that designated State agencies should be involved in the transition planning process as early as possible; and (2) that the IPE must be "approved" (i.e., agreed to and signed by the individual and the DSU) prior to the student leaving school, as opposed to simply "completed" as stated in the proposed regulations.

We have determined it necessary to clarify in the final regulations steps that the designated State agency must take, at a minimum, when conducting the statutorily required outreach to students with

disabilities. It is essential for the designated State agency to inform these students of the purpose of the VR program, the application procedures, the eligibility requirements, and the potential scope of services that may be available. This information should be provided as early as possible during the transition planning process in order to enable students with disabilities to make an informed choice on whether to apply for VR services while still in school.

We are not aware that State units have had great difficulty in completing IPEs for students. As before, the final regulations require that if the State is operating under an order of selection, only the IPEs of those students that the State unit can serve under the order must be developed before the student leaves school. Moreover, we believe that State units will be even better prepared to fulfill this requirement as they become more active in transition planning for special education and other students with disabilities (e.g., those students receiving services pursuant to section 504 of the Act or the IDEA) and in generally coordinating with school officials.

We believe, as did some commenters, that the extent to which the State unit should be involved in transition planning for individual students with disabilities should be based on the needs of the student. However, we also believe that it is important for the designated State agency to participate actively throughout the transition planning process, not just when the student is nearing graduation. Early involvement by the designated State agency can be very beneficial in terms of assisting the student to make the transition from school to employment. For this reason, these final regulations clarify that the designated State agency should become involved in the transition planning process as early as possible. The designated State agency and the State education agency should negotiate more specific provisions, as part of their interagency agreement, to ensure that the students' needs are met in a timely manner. Congress clearly envisioned that that approach be followed in developing the terms of the State's interagency agreement (see e.g., Conference Report 105-659, page 354). Also left to local discretion is the scope of components, other than those limited components specified in the Act and clarified previously, that should be included in the agreement. Some of the additional agreement items identified by commenters may be considered in that regard.

However, in response to the commenter's suggestion that each agreement should include provisions for resolving disputes in paying for transition services, we note that State units are authorized to pay for only transition services for students who have been determined eligible under the VR program and who have an approved IPE. Thus, as long as those criteria have been met, and the IPE specifies those transition services necessary for the successful implementation of the IPE, we anticipate that disputes of the type raised by the commenter will not be prevalent.

Changes: We have amended § 361.22(a) of the proposed regulations to clarify that the

IPE for a student determined to be eligible for vocational rehabilitation services must be developed and approved before the student leaves the school setting and as early as possible during the transition planning process. In addition, we have amended § 361.22(b)(4) of the proposed regulations to clarify information that must be provided by the designated State agency, at a minimum, when conducting outreach to students with disabilities, and we have clarified that outreach should begin as early as possible during the transition planning process.

Section 361.23 Requirements Related to the Statewide Workforce Investment System

Comments: We received a great many comments on this section of the proposed regulations that raise important policy issues and questions of interpretation that relate not only to the proposed regulations, but also to WIA and the regulations in 20 CFR part 662.

Most commenters requested more detail in the final regulations that elaborates on how the VR program is to fulfill the requirements in proposed § 361.23(a). For example, several commenters asked that we specify in the final regulations those core services under WIA that the VR program is expected to provide in accordance with proposed § 361.23(a)(1), while others asked that we explain which activities related to "creating and maintaining" the One-Stop system under § 361.23(a)(2) are allowable under the VR program.

Some of the commenters on this proposed section also urged us to identify in the final regulations certain restrictions in the Act (e.g., the order of selection requirements under section 101(a)(5)) that may affect the extent to which State units can contribute to the cost of One-Stop system services or other One-Stop system activities. Of critical importance to the final regulations, most commenters stressed, is the need to address the responsibility of all WIA partner programs to serve individuals with disabilities.

Other commenters asked that we add to the One-Stop system responsibilities listed in proposed § 361.23(a) other items that are necessary for DSUs to effectively participate with other partner programs of the One-Stop system, including methods for allocating costs between programs, methods for ensuring proportionality between the partner's financial participation in the One-Stop system and the resulting benefits it receives, and methods for resolving disputes regarding funding that may arise between partner programs.

Several other commenters identified additional components that they suggested be included in the required cooperative agreements between the designated State agency and those entities administering other One-Stop system partner programs. In addition, some commenters asked whether the requirement that State units, through the cooperative agreements, promote participation by individuals with disabilities in the One-Stop system also requires that State units pay the cost of reasonable accommodations at the One-Stop system center or other locations.

Discussion: As we discussed at some length in the preamble to the NPRM (65 FR

10620, 10621, and 10624), we restated in § 361.23(a) of the proposed regulations the responsibilities of One-Stop system partners, including the VR program, that are described in the regulations implementing Title I of WIA (20 CFR part 662). That effort was intended solely to inform State units of the One-Stop system responsibilities to which they are subject under WIA. We also asked that commenters raise specific interpretive or policy questions related to these One-Stop system responsibilities so that we may address, through appropriate guidance, those most pressing matters that DSUs face as they participate in the One-Stop service delivery system. Most of the comments received on this section of the proposed regulations focus on those types of questions.

Although we anticipate addressing in future guidance materials, and in cooperation with other appropriate Federal agencies, the workforce policy questions posed by the commenters, we do note that many of the issues raised are impacted by a number of key One-Stop system principles embedded in WIA, its implementing regulations, and these final regulations.

First, participation by DSUs in the One-Stop system must be performed in a manner that is consistent with the legal requirements applicable to the VR program (i.e., the Act and these final regulations). Thus, the DSUs' participation in the cost of core services or any other One-Stop system activities cannot, for example, result in expenditures for services to individuals who do not meet the priority for services in the order of selection under which a DSU is currently operating (although the DSU can participate, as appropriate, in the cost of intake and other expenditures that would normally be borne by the DSU prior to determining eligibility and the individual's priority category under the State's order of selection; see the discussion in the following section of this analysis of comments for further information on the relationship between order of selection requirements and participation in One-Stop system activities.) The fact that DSUs must comply with the Act and the VR program regulations in the course of participating in the One-Stop system, we believe, was made clear in the proposed regulations, as it is in Title I of WIA and the regulations implementing that title.

Compliance with the ADA and section 504 of the Act represents another key issue that directly impacts the One-Stop system. In sum, those laws obligate One-Stop system centers and their partners to make their services accessible to individuals with disabilities. Thus, we, along with the Department of Labor and many of the commenters, have emphasized that the legal responsibility for assisting persons with disabilities does not fall to the DSU alone. Consequently, individuals with disabilities are likely to receive services through a variety of arrangements (e.g., through the One-Stop system center, through a combination of core services at the One-Stop system center and specialized VR services from the DSU, etc.) depending on the configuration and structure of the local One-Stop system. Nonetheless, because the universal access principles reflected in the

ADA and section 504 relate to the responsibilities of non-DSU entities and because these final regulations establish requirements for designated State agencies and designated State units administering VR programs, we do not believe this section should be revised to address the application of the ADA and section 504 to the One-Stop system generally. Those responsibilities are fully addressed in WIA, particularly in section 188 of that act and its implementing regulations, 29 CFR part 37, which establish the civil rights protections that must be provided by the State and local workforce development systems.

Many of the commenters also raised important issues related to collaboration between the DSU and its One-Stop system partners. In response, we note that those issues can, and should, be addressed through the development of the memorandum of understanding (MOU) governing the operation of the One-Stop system referred to in § 361.23(a)(3) or through the cooperative agreements developed between these same parties under § 361.23(b). In fact, some of the suggested items, including the methods for funding One-Stop system costs among partner programs, are addressed in the regulations implementing title I of WIA (see MOU requirements in 20 CFR 662.300). Rather than specifying additional MOU or cooperative agreement components in these final regulations, we would urge DSUs and their One-Stop system partners to determine which components, other than those specified in the MOU requirements in 20 CFR part 662 and the agreement components in § 361.23(b) of these final regulations, would be most appropriate to address given State and local circumstances.

We do believe it is necessary, however, to clarify one technical item related to the cooperative agreement under § 361.23(b) that some commenters raised. The commenters appeared to interpret § 361.23(b)(2)(i)(B) as requiring DSUs to pay for reasonable accommodations, auxiliary aids, and other services for persons with disabilities participating in the One-Stop system. Yet, that proposed section, which comes directly from section 101(a)(11)(A)(i)(II) of the Act, states only that DSUs, in promoting meaningful participation by persons with disabilities in One-Stop system and other workforce investment activities through program accessibility, may provide training and technical assistance to its One-Stop system partners on how to provide reasonable accommodations and auxiliary aids and services. Neither the relevant statutory provision nor the proposed regulatory section questioned by commenters instructs DSUs to pay the costs of providing individuals with disabilities access to the One-Stop system. In fact, as previously noted, that responsibility falls to the One-Stop system pursuant to the ADA and section 504.

Changes: None.

Section 361.31 Cooperative Agreements With Private Nonprofit Organizations

Comments: None.

Discussion: We wish to clarify the relationship between these final regulations

and potential agreements that DSUs may enter into with employment networks authorized under the recently enacted TWWIA. In particular, we note that neither the Act nor the regulations, including the requirement in section 101(a)(24)(B) of the Act and § 361.31 of the regulations that the DSU enter into cooperative agreements under the VR program with private nonprofit VR service providers, are intended to limit or prohibit the establishment of a fee-for-service or other reimbursement type agreement between DSUs and employment networks. Typically, fee-for-service arrangements enable private service providers to purchase from the DSU services that are needed by an individual with a disability who is not a VR program participant.

On a related note, we also emphasize that nothing in the Act or these regulations would affect the ability of a DSU to serve as an employment network as authorized under TWWIA.

Changes: None.

Section 361.36 Ability To Serve All Eligible Individuals; Order of Selection for Services

Comments: One commenter suggested that this section of the proposed regulations be strengthened to ensure that States preserve resources and provide needed services to individuals with significant disabilities, particularly as the State unit becomes more closely linked to, and participates in, the One-Stop system under WIA.

Discussion: As we discussed in the previous section, we agree that the policy behind the order of selection requirements in the Act and regulations—to preserve the fiscal and personnel resources of the DSU so that those with the most significant disabilities can receive the full range of VR services that they need to become appropriately employed—must be safeguarded. However, we believe those safeguards are in place. As a required partner in the One-Stop system, the State unit must participate toward the development and maintenance of an effective One-Stop system at the local level. Moreover, Title I of WIA and the regulations implementing that title clearly condition that participation on compliance with the Rehabilitation Act and these regulations. Thus, the order of selection requirements in section 101(a)(5) of the Act and these regulations, or any other statutory or regulatory requirement applicable to the VR program, must be followed in the course of participating in One-Stop system activities. If the State is operating on an order of selection because it cannot serve all eligible individuals given its current level of VR program resources, then the State unit can pay only for services (i.e., services beyond intake and assessment that are necessary to determine whether an individual is eligible under the program and, if so, to determine the individual's priority category under the order of selection) for the individuals who qualify for services under that order, regardless of whether those services are provided within or apart from the One-Stop system center. The severity of an individual's disability or the cost of the individual's program of services can have no bearing on the scope of services the individual receives.

Changes: We have made one clarifying change to § 361.36(c) of the proposed regulations that was not based on public comment. This proposed section has been revised to clarify that a DSU that has developed but not implemented an order of selection must continue to provide the full range of services, as appropriate, to all eligible individuals.

Section 361.42 Assessment for Determining Eligibility and Priority for Services

Comments: Several commenters recommended requiring in this section of the final regulations a written assessment for determining eligibility and priority for services by a qualified VR counselor employed by the DSU, as a means of emphasizing the importance of the professional opinion of the VR counselor. These commenters also proposed that this written assessment be included with the information given to the eligible individual during IPE development.

Some commenters opposed the eligibility provisions stated in proposed § 361.42(a)(i) and (ii) (i.e., determinations by qualified personnel that the applicant has a physical or mental impairment and the impairment constitutes or results in a substantial impediment to employment) on the basis that neither provision required that the applicable determination be made by a qualified employee of the DSU. These commenters stated that all eligibility-related determinations should be made by the DSU.

Several commenters opposed § 361.42(a)(3) of the proposed regulations, which implemented the statutory requirements regarding presumptive VR program eligibility for individuals receiving SSI or SSDI under the Social Security Act. These commenters stated that a categorical presumption of eligibility for this group of individuals could be misconstrued as creating an entitlement to VR services, could lead to efforts to extend presumptive eligibility inappropriately to other groups with common characteristics, and may undermine the individualized nature of the VR program. Some of the commenters asserted that a presumption of eligibility should be able to be rebutted by a showing that an individual receiving SSI or SSDI does not meet one or more of the eligibility criteria. Other commenters suggested that presumptive eligibility for these individuals should apply to only those Social Security recipients or beneficiaries seeking to earn wages as opposed to those intending to become homemakers.

On the other hand, several commenters supported the proposed requirements regarding presumptive VR program eligibility for individuals receiving SSI or SSDI. Some noted that the relevant statutory provision, section 102(a)(3) of the Act, already has been effective in reducing the time expended on eligibility determinations, thereby allowing counselors and individuals to focus on IPE development and initiating needed services.

Many commenters opposed the manner in which the proposed regulations implemented the passage in section 102(a)(3)(ii) of the Act that states that Social Security recipients are presumed eligible under the VR program "provided that the individual intends to

achieve an employment outcome." Specifically, these commenters believed that completion of the application process, as described in the proposed regulations, is insufficient evidence of the individual's intent to achieve an employment outcome. They urged that the applicable paragraph in the proposed regulations be stricken on the basis that DSUs make eligibility-related decisions not only at the time of application but throughout the VR process.

Several commenters opposed authorizing DSUs, under § 361.42(b) of the proposed regulations, to make interim determinations of eligibility. Most of these commenters questioned the statutory authority for the proposed section or viewed the provision as unnecessary since all eligibility determinations must be completed within 60 days from the time the individual applies for VR services. On the other hand, many commenters supported the proposed interim eligibility authority and the fact that using it rests with the discretion of the DSU.

Several commenters supported proposed § 361.42(c)(1) that the DSU will not impose, as part of the eligibility determination process, a duration of residence requirement that excludes from services any applicant who is present in the State. Two commenters suggested that the proposed language more closely track the Act by applying the prohibition not only to applicants but to any individual who is present in the State. Other commenters supported retaining specific language stating that a requirement for an applicant to be present in the State cannot be used to circumvent an individual's choice of an out-of-State service provider.

We received many comments on proposed § 361.42(e), which implemented new statutory requirements regarding the use of trial work experiences as part of the process for determining eligibility for VR services. Several commenters responded to our request in the preamble to the NPRM that they identify examples of trial work experiences, other than supported employment and on-the-job training, that DSUs might employ. Suggestions included contract or production work in the individual's own home, internships, unpaid work experiences, on-the-job evaluations, job shadowing, structured volunteer experiences in real work settings, and community-based work assessments with supports, among others.

Many commenters suggested that the final regulations authorize a DSU to consider trial work that the individual performed previously, and that is documented, for purposes of meeting the requirement that it assess the individual's capacity to perform trial work before the individual is determined too severely disabled to achieve an employment outcome (and, therefore, ineligible). These commenters also recommended that the final regulations clarify that trial work experiences need not be used for all individuals with significant disabilities or in instances in which an individual's ability to achieve an employment outcome is not in question.

A number of commenters opposed the requirement in proposed § 361.42(e)(2)(i) that the DSU develop a written plan to assess the individual's capacity to perform in realistic

work settings. These commenters noted that the Act does not require a written plan and that the proposed provision could have the unintended effect of delaying services to the individual. Other commenters expressed concern that the trial work assessment for an individual appeared open-ended and, therefore, recommended that the regulations apply a specific time limit to the use of trial work for purposes of determining eligibility.

One commenter questioned the authority for the proposed regulatory requirement that DSUs provide appropriate supports, including assistive technology devices and services and personal assistance services, to accommodate the rehabilitation needs of an individual while performing trial work. In contrast, another commenter stated that it is vital for DSUs to provide the supports and assistive technology that are needed for an individual during the trial work period.

Several commenters recommended deleting proposed § 361.42(h), which authorized the continued use of extended evaluations in instances in which trial work experience options have been exhausted or cannot be used by the individual. These same commenters suggested that the 18-month time limit that applied to extended evaluation under the current regulations be applied to trial work experience options. Some of the commenters also questioned the authority for keeping the extended evaluation option in the regulations, while others suggested that since trial work experiences were available to most individuals with significant disabilities, the extended evaluation authority is no longer necessary or is inconsistent with the Act's preference for finding most applicants eligible for the VR program. In contrast, a number of commenters supported retaining the extended evaluation requirements.

Discussion: We agree that the professional opinion of the VR counselor is critical in assessing an individual's eligibility and priority for services. Both the Act and the regulations specify that qualified personnel must conduct assessments under the VR program. Although we suspect that most States develop written assessments, we do not think it is necessary to require by rulemaking that the assessment itself be in writing. Thus, State units may continue to require written eligibility assessments, or otherwise attest to an individual's eligibility and priority of service category under an existing order of selection, as they deem appropriate. We do note, however, that the DSU is required to document, in some fashion, support for determinations of eligibility as part of the record of services required under § 361.47 of the regulations. Whether that documentation is the assessment itself or some other combination of information, again, lies with the discretion of the DSU.

We believe that proposed § 361.42(a)(1)(i) and (ii) and the references to "qualified personnel" in each of the provisions are consistent with the Act. We interpret the requirements in section 103(a)(1) of the Act (requiring assessments for determining eligibility and rehabilitation to be conducted by "qualified personnel") and section 102(a)(6) of the Act (requiring eligibility

determinations to be conducted by the designated State unit) the same as we have historically since neither statutory provision changed in the 1998 Amendments. Specifically, the Act authorizes qualified professionals, both DSU and non-DSU employees, to determine the existence of an impairment and to determine whether the impairment results in a substantial impediment to employment (*i.e.*, whether the first two eligibility criteria have been met.) The requirement in section 102(a)(4)(B) of the Act regarding the use of determinations made by officials of other agencies also supports this position. Assuming the DSU can confirm that a qualified professional has determined that the individual has met those criteria, the DSU counselor then assesses whether the individual requires VR services to obtain and retain work in the individual's chosen field that is appropriate to his or her abilities (*i.e.*, the third criterion of eligibility.) The individual is presumed to have met the fourth criterion—that the individual can benefit from VR services under § 361.42(a)(1)(iv). This framework, which we believe is required by the Act, is intended to ensure that the DSU controls the eligibility process at the same time that it facilitates more timely assessments that allow for existing information from other sources to be taken into account.

The 1998 Amendments specify that those who qualify for SSI or SSDI are presumed eligible for the VR program. As we discussed extensively in the preamble to NPRM (65 FR 10625 and 10626), we believe that this change was adopted in the 1998 Amendments to streamline eligibility and expedite necessary VR services for those Social Security recipients since each category of recipients already has met stringent disability criteria under the Social Security Act and clearly needs VR services in order to achieve appropriate employment. We do not believe that this presumption will be misconstrued as changing the nature of the VR program to a program under which individuals are entitled to services without pursuing a job. In fact, section 102(a)(3)(B) of the Act and § 361.42(a)(5) of these final regulations specify that nothing in the presumptive eligibility requirement creates an entitlement to VR services, meaning that individuals with disabilities are not automatically entitled to VR services but, rather, must expect to achieve an employment outcome as a result of receiving those services. The final regulations implement that expectation by ensuring that all applicants, including those receiving SSI or SSDI, are informed of the employment-related nature of the VR program during the application process.

We also disagree with the assertion that a categorical presumption of eligibility for individuals receiving SSI or SSDI will lead to categorical eligibility for other groups and undermine the individualized nature of the VR program. Prior to the 1998 Amendments, disabled SSI recipients were statutorily presumed to have a physical or mental impairment that constituted a substantial impediment to employment (*i.e.*, were presumed to have met the first two eligibility criteria in § 361.42(a)(1) of the regulations),

as well as a severe disability. Section 102(a)(3) of the 1998 reauthorized Act expanded this presumption by giving presumptive VR program eligibility (*i.e.*, a presumption that individuals meet all of the eligibility criteria under the VR program) to this same population. The presumption applies only to these persons and is not written to broadly cover other groups that do not qualify under the stringent disability-related criteria applied by the Social Security Administration. Also, the individualized nature of the VR program (*i.e.*, that services are provided under an IPE to meet an individual's rehabilitation needs and assist an individual to achieve an employment outcome) is unaffected by this requirement that only addresses eligibility for services.

As section 102(a)(3)(A)(ii) of the Act makes clear, a DSU can rebut the presumption that an SSI or SSDI recipient is eligible under the VR program if it can demonstrate by clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from VR services due to the severity of the individual's disability. In response to the commenter's contentions, we maintain that a presumption of eligibility can be rebutted only on this basis.

We also do not believe that presumptive eligibility for SSI or SSDI recipients should be restricted to those seeking certain types of employment outcomes. As we have long required, eligibility requirements are not to be applied with regard to the type of expected employment outcome that the applicant seeks (see § 361.42(c)(2)(ii)(B) of these final regulations). Thus, whether an individual seeks a self-employment, another wage-earning employment, a homemaker, or other outcome cannot be used as a factor in determining the individual's eligibility for VR services or affect the presumptive eligibility of an individual receiving SSI or SSDI.

We believe that completion of the application process after the DSU has informed the individual that he or she must seek an employment outcome to receive VR services is sufficient evidence that any individual, including SSI and SSDI recipients, "intends to achieve an employment outcome," as section 102(a)(3)(ii) specifies. While we understand that some commenters are concerned that disabled Social Security recipients in particular will seek VR services without intending to work, we find that concern unfounded. We referred in the preamble to the NPRM to an obvious fact—that all applicants for VR services, not only those who qualify for SSI or SSDI, must intend to work to receive VR services. Thus, ensuring that the DSU explains the employment-related nature of the VR program as part of the application process ensures that applicants understand what is expected of them before participating in the program. Thus, the proposed regulatory method of ensuring an individual's intent to work fulfills an expectation that applies to all applicants for VR services and streamlines, rather than hinders, the eligibility process for SSI and SSDI recipients, as the Act intends.

Additionally, we disagree with the contention that an individual's intent to

achieve an employment outcome constitutes an additional eligibility-related criterion that must be applied throughout the VR process. Eligibility is assessed at the outset of the rehabilitation process, at a point when the final regulations require that the DSU apprise individuals of the nature of the program. As always, if an individual becomes too severely disabled to achieve an employment outcome (as supported by clear and convincing evidence) or, for whatever reason, stops participating in the VR program, then the DSU need not continue serving that individual. That approach applies no less to SSI recipients or SSDI beneficiaries than it does to any other participant in the VR program. Yet, as long as the individual continues to participate in the program, there exists a presumption that the individual intends to work.

We agree with those commenters who supported proposed § 361.42(b) that would allow DSUs to make interim determinations of eligibility for individuals who the DSU reasonably believes will be eligible for VR services at the end of the statutory 60-day period for making eligibility decisions. We emphasize that this provision is an option for DSUs to expedite further the delivery of services to individuals while the DSU awaits information to permit a final eligibility determination. DSUs are not required to implement provisions for interim determinations of eligibility.

We also agree with the commenters who stressed the importance of language in section 101(a)(12) of the Act that prohibits a State from establishing any residence requirement that excludes from services any individual who is present in the State. However, we believe that the proposed regulatory language sufficiently tracks the statutory requirement that was not changed by the 1998 Amendments. Again, we believe it is important to clarify, as explained in the Senate Committee Report on the Rehabilitation Act Amendments of 1998, that the requirement for an individual to be present in the State in order to be eligible to receive services should not be interpreted in any way to circumvent an individual's choice of an out-of-State provider (Senate Report 105-166, p. 13). The committee further stated that, with regard to out-of-State placements, the requirement that an individual be present in the State must be imposed at the time of the eligibility determination and may not be used as a means of denying the continuation of services that are being provided in an out-of-State setting.

As we explained more fully in the preamble to the NPRM (65 FR 10626 and 10627), the Act specifies that DSUs must explore an individual's abilities, capabilities, and capacity to perform in work settings through the use of trial work experiences before it can demonstrate that an individual is too severely disabled to benefit from VR services in terms of an employment outcome and, consequently, is ineligible under the program. We believe that this requirement establishes the fairest standard for assessing whether an individual with a significant disability is in fact capable of achieving employment. We also appreciate the trial work examples that commenters shared and

note that these types of work options (e.g., supported employment, on-the-job training, internships, job shadowing, structured volunteer experiences in real work settings, and community-based work assessments with appropriate supports) should be considered by others as they seek to expand the scope of trial work experiences available to applicants with significant disabilities. Nevertheless, we believe that § 361.42(e)(2)(ii) of the regulations is sufficiently broad to encompass each of these examples and that a change to that provision is not necessary.

In addition, we interpret the Act to clearly require DSUs to give individuals trial work experiences before deciding that an individual is ineligible under the VR program due to the severity of the individual's disability. Accordingly, a DSU cannot meet the requirement that it use trial work to assess eligibility by simply securing documentation that addresses the individual's success in performing work previously. Using documentation in that regard runs the risk of violating the scope of the mandate in section 102(a)(2)(B) of the Act, specifically that trial work options be sufficiently varied and take place over a sufficient period of time for the DSU to either conclude that the individual is eligible for VR services or (based on clear and convincing evidence) that the individual is incapable of benefiting from the provision of VR services in terms of an employment outcome. Given the State units' expertise in conducting assessments, and without knowing the validity of the documentation that exists or the circumstances that might have changed since the time the individual previously worked, we believe that it is appropriate to require that, before determining that an individual cannot benefit from VR services, the DSU give the individual a variety of trial work options regardless of the individual's past work history or assessments.

We do not believe that the written plan for providing trial work experiences as required in § 361.42(e)(2)(i) of the regulations is inconsistent with the Act or will cause delays in service delivery. On the contrary, we believe that requiring a written plan to assess an individual's abilities, capabilities, and capacities to perform in realistic work settings is a logical means of fulfilling the requirements in section 102(a)(2)(B) of the Act. The written plan will ensure that the assessment process is conducted in a deliberate and well-formulated manner, thus giving an individual a full opportunity to demonstrate his or her capabilities and enabling the DSU to accurately gauge whether the individual can achieve employment. Also, we feel that any burden or minor delay associated with developing the written plan is clearly justified given that the individual risks being found ineligible, and precluded from receiving services altogether, if trial work options are not well-planned and prove unsuccessful.

We recognize the concerns of those commenters who requested that time limits be included in the regulations to ensure that trial work opportunities do not extend beyond a reasonable length. Yet, we believe

the timeframes that are the most reasonable and appropriate already were built into the proposed regulations. Specifically, § 361.42(e)(2)(iii) of the regulations requires that the DSU assess the individual's capacity to work in realistic work settings through the use of trial work experiences that are provided over a sufficient period of time for the DSU to determine either that the individual is eligible for VR services or that there exists clear and convincing evidence that the individual cannot benefit from VR services in terms of an employment outcome due to the severity of the individual's disability. Because trial work is intended to result in either a determination of eligibility or a determination of ineligibility that is sufficiently supported, trial work opportunities must be provided until the point that the DSU can reach one of these two conclusions. Thus, specific time periods that would serve to discontinue trial work requirements before the DSU has reached either result would serve to undermine the purpose behind those very same requirements.

We do not believe that the requirement in § 361.42(e)(2)(iv) of the regulations that the DSU provide individuals with appropriate support services, such as assistive technology devices and services and personal assistance services, during trial work falls beyond the scope of the Act. Section 102(a)(2)(B) of the Act states explicitly that trial work experiences are to be afforded "with appropriate supports provided by the designated State unit." Clearly, assistive technology devices and services and personal assistance services are authorized services available to individuals pursuing employment, including supported employment, through the VR program (see e.g., section 102(b)(3)(B)(i)(I) of the Act). Accordingly, we believe it is entirely appropriate to interpret the DSU's responsibility to provide "necessary supports" during the trial work period to cover these same services.

We also disagree that the authority concerning extended evaluations should be deleted in the final regulations. Although the Act clearly places a priority on using trial work experiences in the course of assessments, Congress recognized the need to allow for extended evaluations in those limited instances in which a real work test is impossible or the State unit has exhausted its trial work options without reaching a determination of eligibility. That point is reflected in the legislative history to the trial work provisions in the Act, specifically in Senate Report 105-166, pages 9 and 10.

Changes: None.

Section 361.45 Development of the Individualized Plan for Employment

Comments: Several commenters recommended that the final regulations clarify that the DSU is not required to pay for the costs of technical assistance in IPE development that is provided by sources other than DSU personnel. On the other hand, other commenters suggested that the DSU be required to pay for the costs of the technical assistance provided by non-DSU sources, asserting that such a requirement

would be consistent with the individual's opportunity to exercise informed choice in selecting DSU or non-DSU assistance for purposes of developing the individual's IPE.

Many commenters sought more explanatory information in the final regulations that details the role of the qualified VR counselor employed by the DSU in developing and approving the IPE and IPE amendments and in reviewing the IPE annually. These commenters indicated that the "diminished role for the DSU counselor" in the proposed regulations was inconsistent with the Act and other regulatory requirements. The commenters also stated that a DSU-employed counselor must conduct the required annual review of the IPE and assess the individual's progress toward achieving the identified employment outcome since the DSU is responsible for the proper delivery of services and the outcome of the individual's participation in the program. Other commenters suggested that we distinguish between the roles of the "qualified vocational rehabilitation counselor" and the "qualified vocational rehabilitation counselor employed by the designated State unit" by defining each term in the final regulations.

Some commenters suggested that this section of the proposed regulations be revised to prohibit VR counselors employed, or previously employed, by an agency or organization that may provide services under an individual's IPE from assisting the individual in developing the IPE. These commenters urged that a prohibition of this type be implemented in order to guard against conflicts of interest on the part of the counselor that could otherwise jeopardize the individual's ability to exercise informed choice in selecting services and service providers included in the IPE.

In addition, a number of commenters opposed § 361.45(e) of the proposed regulations, which required the DSU to establish and implement standards, including timelines, for the prompt development of IPEs. These commenters viewed this proposed section as beyond the scope of the Act. Other commenters recommended either requiring by regulations a specific time period governing IPE development and implementation (e.g., 30 days from the date eligibility is determined) or defining the term "timely" as it applies to IPE development.

Discussion: Pursuant to section 102(b) of the Act and § 361.45(c) of the final regulations, the DSU must inform eligible individuals of the range of available options in obtaining assistance for purposes of developing the IPE (e.g., developing the IPE with DSU assistance, with non-DSU assistance, or on one's own). Since IPE development assistance from non-DSU sources is authorized, the regulations do not prohibit the DSU from supporting the costs of that assistance. At the same time, however, we agree that the DSU need not pay the costs of assistance provided by non-DSU sources if it so chooses. Thus, it falls within the discretion of the DSU to determine whether, and under what circumstances, it will pay for technical assistance in IPE development from sources other than the DSU.

We believe that the proposed regulations accurately reflected the scope of functions that the Act reserves to the DSU, as well as the broad authority for non-DSU counselors to assist in the development and review of IPEs at the individual's discretion. As some commenters pointed out, a qualified VR counselor who is employed by the DSU must approve and sign the IPE and any amendments to the IPE (see section 102(b)(2)(C)(ii) and (b)(2)(E) of the Act). The proposed regulations followed the framework established by the Act, i.e., by enabling individuals to receive assistance in IPE development from whichever source (if any) that they choose and ensuring that the DSU maintains final IPE approval authority as the Act requires. We do not believe that additional regulatory provisions in this area, including definitions, are needed.

While we note, as we did in the preamble to the NPRM, that the DSU also is responsible for ensuring that the individual's IPE is reviewed annually, we do not agree that that review must necessarily be conducted by a DSU counselor. As discussed in greater detail in the NPRM preamble (65 FR 10626 and 10627), Congress intended to distinguish between IPE functions that *must* be performed by a qualified VR counselor employed by the DSU and related functions that *may* be performed by a qualified VR counselor or other person who is not employed by the State unit. Thus, in addition to enabling individuals to secure assistance from outside the DSU in developing the IPE and IPE amendments, the DSU can meet its responsibility to ensure that the IPE is reviewed at least annually with the individual by conducting the review itself or, at the individual's discretion, by approving the results of a review appropriately conducted by a qualified VR counselor from outside the DSU.

At the same time, however, we do appreciate the commenters' concerns regarding the potential conflicts of interest, including potential limits on the exercise of informed choice, that may arise if the counselor or other person assisting the individual in developing (or amending) the IPE is employed or otherwise affiliated with an organization that may provide services to the individual under that IPE. However, without information indicating whether that problem exists or the resulting effects that an existing problem has on participants in the program, we are not inclined to restrict, through these final regulations, the individual's choice of assistants in developing the IPE. Nonetheless, we emphasize that DSUs must ensure that individuals are given full opportunities to exercise informed choice in the selection of services and service providers consistent with the requirements of section 102(d) of the Act and § 361.52 of these final regulations. Accordingly, we would expect DSUs to address any situation, if it arises, in which it believes that a counselor employed by a service provider is unduly influencing an individual during IPE development to obtain services through that counselor's employer without providing the individual with sufficient choices.

We maintain that requirements in § 361.45(e) regarding DSU standards,

including timelines, for the prompt development of IPEs are entirely consistent with the Act. In particular, section 101(a)(9) of the Act requires that the individual's IPE be developed and implemented "in a timely manner" subsequent to the determination of eligibility. In fact, both this regulatory requirement and the statutory provision on which it is based precede the 1998 Amendments. We continue to believe that the regulatory standards and timelines called for under § 361.45(e) of the regulations are necessary to guard against delays in service delivery that are, in turn, caused by delays in the IPE development process. We emphasize that DSUs need not meet this requirement by establishing an arbitrary time limit to apply to the development of all IPEs. Instead, State units are expected to develop general standards to guide the timely development of IPEs and, as part of those standards, flexible timelines that take into account the specific needs of the individual.

Changes: None.

Section 361.47 Record of Services

Comments: Some commenters generally supported the modifications to record of services requirements that we proposed in the NPRM. One commenter supported the new flexibility given to DSUs in determining the sources of documentation it will use to meet the required components of the record of services, but asked that RSA identify minimum documentation types in the final regulations. Several commenters opposed the expansion of the service record requirements beyond those in the previous regulations.

Several other commenters asked that we clarify the scope of § 361.47(a)(7) of the proposed regulations, which required documentation in the service record describing the extent to which the applicant or eligible individual exercised informed choice regarding assessment services and regarding the employment outcome, VR services, and other components of the IPE. Some commenters suggested that this proposed requirement be replaced by a provision requiring simply that the DSU document that the individual was provided an opportunity to exercise informed choice. Other commenters stated that it would be difficult to meet the proposed requirement in instances in which the DSU is not directly involved in the development of the IPE.

Many commenters opposed the newly proposed § 361.47(b), which would require that the DSU consult with the State Rehabilitation Council in determining the type of documentation that it will maintain for each applicant and eligible individual. These commenters believed that the proposed provision would expand the functions of the Council beyond those functions required by the Act. Due to the voluntary nature of the Council, the commenters asserted, it would be inappropriate to expect members of the Council to be involved in the DSU's day-to-day operations, including the setting of documentation requirements. Other commenters supported requiring the Council to be involved in establishing the DSU's documentation requirements.

Discussion: We revised § 361.47(a) of the previous regulations to identify minimum

documentation standards that will enable DSUs to demonstrate that certain service delivery requirements, as they apply to applicants and eligible individuals participating in the VR program, have been met. While we identified in this proposed section those critical service delivery requirements that must be documented, we sought to provide greater flexibility to DSUs in determining the manner in which they would comply (i.e., determining the types of documentation each would use to comply) with the stated requirements. We believe that the proposed regulations provided that flexibility, while identifying only those requirements of the rehabilitation process that are most necessary to address in the record of services. Those proposed requirements that were not drawn from the previous regulations represented important aspects of the 1998 Amendments that we believe the DSU, and we, must monitor to ensure the proper implementation of the program.

In addition, we believe that § 361.47(a)(7) of the proposed regulations established an appropriate standard for DSUs to meet in documenting compliance with a most critical aspect of the VR program—giving individuals the opportunity to exercise informed choice throughout the rehabilitation process. Accordingly, we do not believe that a simple statement that the applicant or eligible individual was provided an opportunity to exercise informed choice reflects either the scope or the importance of the choice-related requirements in the Act. Among those requirements, section 102(d) of the Act and § 361.52 of the final regulations specify that applicants and eligible individuals must be given opportunities to exercise informed choice in selecting assessment services and in selecting an employment outcome, the VR services needed to achieve that outcome, the entities providing services, and the methods used to secure the services. Thus, given the emphasis accorded choice under the Act, we believe it is appropriate and prudent to require documentation describing the extent to which the applicant or eligible individual exercised informed choice in accordance with the Act's requirements. As for those instances in which an individual elects to develop an IPE without the DSU's assistance, we would expect the DSU to inform individuals about the availability and opportunities to exercise informed choice (as it is required to do under section 102(d)(1) of the Act), obtain information from the individual on the extent to which he or she exercised choice during IPE development, and supplement that information with additional information available to the DSU in order to meet the documentation requirement in § 361.47(a)(7).

As we stated in the preamble to the NPRM, we think it is necessary that the DSU consult with the Council, if it has a Council, in determining the type of documentation that the DSU will maintain in the record of services for each applicant and eligible individual. Section 101(a)(16)(B)(v) of the Act requires the State unit to take into account, in connection with matters of general policy arising in the administration of the State plan, the views of the Council

and other specified groups. The document types that will comprise the records of services maintained by the DSU relate directly to the DSU's ability to demonstrate its compliance with important service provision requirements in the law, as well as its ability to justify its decisions (e.g., eligibility determinations) regarding the individual's participation under the VR program. We maintain, therefore, that the DSU's documentation standards for fulfilling the record of services requirements in this section of the regulations constitute a policy of general applicability on which the Council's input is required. Moreover, we do not believe that the consultation required under this section of the regulations expands the Council's functions beyond the scope of the statute, particularly the broad scope of review, analysis, and advisory functions carried out by the Council under section 105(c)(1) of the Act.

Changes: None.

Section 361.48 Scope of Vocational Rehabilitation Services for Individuals With Disabilities

Comments: Several commenters requested that we revise § 361.48(j) of the proposed regulations to more clearly describe the type of interpreter and other communication access services that are authorized under the program. Other commenters requested clarification regarding the scope of assistance for eligible individuals seeking self-employment, telecommuting, or business ownership outcomes that is authorized under proposed § 361.48(s). One of these commenters requested guidance on how these services relate to the entrepreneurial services available through the State workforce investment system.

Discussion: We agree with the suggestion that the scope of authorized interpreter services under proposed § 361.48(j) needs to be clarified in the final regulations. In particular, we believe that we need to clarify that sign language interpreter and oral interpreter services are authorized under that section.

Regarding § 361.48(s), we have received several inquiries, in addition to the noted comments, asking us to clarify the scope of resources that are authorized to be provided through the statewide workforce investment system in order to clarify the extent of the State unit's obligation under proposed § 361.48(s). This provision restates section 103(a)(13) of the Act.

Section 112 of Title I of WIA requires that each participating State submit to the Department of Labor a State plan that describes its statewide workforce investment system and the employment and training activities that it will support with WIA Title I funds. The specific employment and training activities included in the plan are determined individually by each State, depending on the needs and economic conditions in that State. Therefore, the scope of resources authorized under the VR program for self-employed persons, telecommuters, and small business owners will depend on the extent to which the State's workforce development system, as described in the State plan under section 112

of WIA, provides support to individuals pursuing that type of work. Given the variances in workforce investment systems across the States, we do not believe that it is practical to revise the language in proposed § 361.48(s) that aligned the resources authorized under the VR program with those that the State makes available under WIA.

Finally, we believe it is important to note that the list of authorized services in this section of the regulations is not exhaustive and that § 361.48(t) specifically authorizes "other goods and services" that the DSU and individual determine to be necessary for the individual to achieve an employment outcome.

Changes: We have revised § 361.48(j) of the proposed regulations by referring specifically to sign language interpreter and oral interpreter services as included within the scope of authorized services for individuals who are deaf or hard of hearing.

Section 361.50 Written Policies Governing the Provision of Services for Individuals With Disabilities

Comments: One commenter requested changes to § 361.50(b)(1) of the proposed regulations, which authorized States to establish preferences for in-State services under certain conditions. The commenter contends that this provision, which was included in the previous regulations, has been subject to misuse and misinterpretation. In response, the commenter suggests restricting DSU preferences for in-State services to instances in which the in-State service is equivalent to and likely to have the same results as an out-of-State service.

Discussion: Section 361.50(b)(1) authorizes a DSU to establish a preference for in-State services in instances in which necessary services are available both within and outside the State. The preference (i.e., the State not taking responsibility for the costs of an out-of-State service that exceeds the costs of the same service provided in-State) is dependent on the in-State service meeting the individual's rehabilitation needs. For that reason, we believe that the provision establishes an appropriate standard, one that has the same effect as that of requiring equivalency between in-State and out-of-State services.

Changes: None.

Section 361.51 Standards for Facilities and Providers of Services

Comments: Many commenters expressed concern about the omission in the proposed regulations of the designated State unit's current regulatory responsibility to issue minimum standards for facilities and service providers. The commenters believed that omitting these requirements from the final regulations will have the effect of holding community providers and facilities to a lower standard than that which must be met by the State agency administering the VR program. The concern was that VR program participants receiving services from private providers would be adversely affected. These commenters encouraged us to maintain the current regulatory standards in the final regulations.

The commenters on this section were concerned mostly about the proposed

removal of the previous regulatory provisions requiring providers of vocational rehabilitation services to use qualified personnel. For example, one party stated that financial constraints on community facilities may reduce a facility's capacity to maintain the same qualified personnel standards that section 101(a)(7) of the Act imposes on State agencies; nevertheless, this commenter believed that regulatory requirements should be developed to ensure a reasonable level of professional qualifications at provider facilities. Other commenters stated that individuals who are blind or visually impaired in particular, and all individuals with disabilities generally, must be assured that private facilities and providers of services under the VR program have proper qualifications beyond native language skills and the ability to use appropriate modes of communication (two current standards that were retained in the proposed regulations). In addition, many of the commenters expressed concern that the proposed regulations, unlike the previous regulations, did not require VR service providers to have adequate and appropriate policies and procedures to prevent fraud, waste, and abuse.

Discussion: We had proposed to remove the regulatory requirements governing personnel and other standards for providers of VR services on the basis that the explicit statutory authority supporting those requirements was removed by the 1998 Amendments. Specifically, the 1998 Amendments removed provisions previously contained in section 12(e) of the Act that had required the Secretary to promulgate regulations pertaining to the selection of VR services and VR service providers. In accordance with the prior Act, § 361.51 of the previous regulations included procedures to prevent fraud, waste, and abuse among service providers and procedures to ensure that service providers complied with applicable standards, such as those related to qualified personnel. The requirements in § 361.51 of the proposed regulations that were retained from the previous regulations relating to the accessibility of facilities, affirmative action for qualified individuals with disabilities, and special communication needs personnel also were retained in the 1998 Amendments.

We have interpreted Congress' removal of standards governing personnel and fraud, waste, and abuse from the Act as intended to give States greater discretion in determining how best to ensure that service providers used by the DSU are capable of providing necessary VR services and meeting the needs of VR program participants. In other words, Congress determined that States could ensure the quality of personnel and administrative efficiency among the service providers it uses by following applicable State rules. We want to emphasize that removing this particular requirement from the final regulations does not absolve State units from ensuring that entities providing services under the VR program meet applicable State laws that impose personnel standards and other safeguards on parties providing services under State-administered programs. We believe that this responsibility of the DSU, as well as the DSU's general responsibilities

under OMB Circular A-87 and the Education Department General Administrative Regulations (EDGAR) to administer the VR program and the expenditure of VR program funds efficiently and effectively, ensures that the removal of previous regulatory standards for service providers will not have an adverse impact on the program.

Changes: None.

Section 361.52 Informed Choice

Comments: As with proposed § 361.5(b) discussed previously, a number of commenters requested that we define the term "informed choice" in this section of the final regulations.

Another commenter suggested that this section of the proposed regulations be revised to ensure that participants in the VR program are able to exercise informed choice in selecting their vocational rehabilitation counselor. Specifically, the commenter suggested that participants, prior to selecting a counselor, be given a list of counselors in the local office of the State unit, a statement of the counselors' qualifications, and the opportunity to interview a number of counselors.

Other commenters suggested that DSUs make available to individuals information concerning the outcomes that individuals achieve in working with specific service providers. The commenters asked that this information be included in the scope of information that DSUs must provide individuals under § 361.52(c). Other commenters proposed revisions to § 361.52(d), which identifies sample methods or sources of information that the DSU may use to make available required information on services and service providers. Specifically, one commenter requested that DSUs make available to individuals information on nationwide services and service providers, as well as service-related information issued by national consumer groups.

Discussion: We have long been asked to define the term "informed choice" in regulations and have refrained on the basis that the current regulations establish appropriate guidelines governing the informed choice process, while leaving some discretion to DSUs, in conjunction with their Councils, if they have Councils, to determine how best to secure information and make that information available to participants so that they may exercise choice. The 1998 Amendments give even greater emphasis to informed choice, specifically in section 102(d), which identifies each of the stages at which choices must be given (essentially all stages of the rehabilitation process), requires the DSU to inform individuals about the availability of and the opportunity to exercise informed choice, and requires that the DSU assist individuals as is necessary so that they may make informed choices. We believe that this proposed section of the regulations sufficiently reflected the significant scope of the choice provisions in the Act and retained a number of key portions from the previous regulations that serve to guide DSUs in developing their choice-related policies. We again emphasize the crucial role that the Council must play in that regard.

Although we maintain that, at this point, defining "informed choice" in the regulations would not be appropriate, we have established additional guidance materials designed to facilitate the choice process, most notably as part of the RSA Monitoring Guide for FY 2000. We intend to develop additional policy directives that will also assist in that effort.

Section 361.45 of the regulations, which implements section 102(b)(1) of the Act, specifies the range of options available to individuals in securing assistance in developing their IPEs, including assistance provided by DSU or non-DSU counselors or from other sources. However, neither that provision nor the broad choice requirements in section 102(d) of the Act establish a basis for requiring DSUs to provide individuals with their choice of VR counselors. At the same time, we note that the Act and the final regulations do not prevent a State from giving individuals the opportunity to exercise informed choice in selecting counselors. RSA guidance to the States (Program Assistance Circular 88-03, dated June 7, 1988) underscores the importance of an effective counseling relationship between the applicant or eligible individual and the DSU counselor. Thus, we would urge DSUs, taking into account caseload levels and other staffing considerations, to assign counselors to individuals in a manner that they believe will result in a most effective match. Given the obvious effect that that match has on the successful rehabilitation of the individual, we also indicate in the guidance that, if an individual requests a change in counselor and the request is denied, the individual can appeal the determination through the DSU's due process procedures.

Section 361.52(c) of the proposed regulations listed the minimum scope of information that State units were required to provide to individuals, or assist the individual in acquiring, to enable the individual to make informed choices about the services, service providers, and outcome identified in the IPE. We agree with the commenter that the minimum information related to services and service providers specified in this section (e.g., cost, consumer satisfaction, qualifications, degree of integration, etc.) also should mention the types of outcomes that individuals have achieved in working with certain providers.

Section 361.52(d) identifies specific methods and sources of information that the DSU may use to provide individuals with sufficient information about services and service providers. Since this provision is not a comprehensive listing of methods and sources, we note that DSUs and individuals may use any other methods and sources of information that are available to enable the individual to exercise choice. We agree that participants and State units may benefit greatly by securing information from national consumer groups or other national organizations with specialized expertise in particular disabilities, rehabilitation methods, and services. In addition, methods involving experiences that participants may use to gain information about types of employment outcomes, services, and service providers may prove helpful. We encourage

DSUs to assist individuals in obtaining useful information from many other appropriate sources.

Changes: We have revised § 361.52(c) of the proposed regulations to clarify that information and assistance provided under that section also must assist individuals in exercising informed choice among assessment services. In addition, we have included service provider outcomes in the scope of information relating to the selection of vocational rehabilitation services and service providers. We have deleted the terms "local" and "state and regional" from § 361.52(d) and have added references to methods involving visiting or experiencing various settings to the list of potential methods or sources of obtaining information.

Section 361.53 Comparable Services and Benefits

Comments: One commenter expressed concern that the requirement in the proposed regulations that DSUs provide services to an individual while waiting for identified comparable services and benefits to become available may serve as a disincentive for individuals to pursue the alternative benefits or services at the appropriate time. The commenter recommended that DSUs be able to discontinue services if an individual refuses to pursue the comparable benefits or services.

Another commenter noted that the proposed regulations did not include the statutory exemption in section 101(a)(8)(A)(ii) of the Act that states that awards and scholarships based on merit are not considered comparable services and benefits under the program.

Discussion: Both section 102(b)(3)(E)(ii) of the Act and § 361.46(a)(6)(ii)(C) of the regulations require that the IPE identify the individual's responsibilities with regard to applying for and securing comparable services and benefits. Thus, the law anticipates that State units and individuals will work out the extent of those responsibilities through the IPE development process. For that reason, we do not believe that § 361.53(c)(2), which is unchanged from the previous regulations, would create the disincentive envisioned by the commenter as long as the individual is fully apprised of, and is assisted in fulfilling, his or her responsibilities in securing other services once they become available.

We recognize that this section of the proposed regulations did not refer to the statutory exception to comparable services and benefits for scholarships and awards based on merit. However, this exemption is addressed in the definition of the term "comparable services and benefits" in § 361.5(b)(10). We think the exception is best addressed in the definition itself since it is the definition that specifies the scope of comparable services and benefits under the program.

Changes: None.

Section 361.54 Participation of Individuals in Cost of Services Based on Financial Need

Comments: Many commenters supported the proposed expansion of those services that would be exempt from State financial needs

tests, meaning that individuals could not be required to contribute to the cost of those services. One commenter suggested that the proposed exemption of interpreter services, reader services, and personal assistance services from financial needs tests be limited to the provision of those services during the assessment phase of the VR process. Another commenter supporting the proposal asked that we also emphasize that the DSU still must seek and use comparable services and benefits to pay for exempted services.

In addition, in response to our request for comments on the appropriate scope of services that should be exempted from financial needs tests, a number of commenters requested that the proposed listing be expanded to specifically include assistive communication devices, rehabilitation engineering services, and other access-type services.

Other commenters strongly opposed the proposed expansion of the list of services exempted from financial needs tests under the prior regulations. Some of these commenters stated that the proposed expansion would undermine the DSU's longstanding option of considering the financial need of program participants and would weaken the DSU's ability to conserve VR program funds.

In addition, many commenters supported the proposed prohibition in the NPRM on applying financial needs tests to eligible individuals receiving SSI or SSDI. Other commenters supported prohibiting the application of financial needs tests only to individuals receiving SSI since SSI eligibility is based on the individual's financial need as opposed to SSDI beneficiaries who may have assets that they could contribute to the cost of vocational rehabilitation services.

A significant number of commenters opposed the proposed exemption of SSI recipients and SSDI beneficiaries from the DSU's financial needs assessments on the basis that DSUs often consider the resources of the individual's entire household, as opposed to those of the individual only, in determining the level of resources the individual must contribute to the program of VR services. While these commenters agreed that DSUs could disregard an individual's actual SSI or SSDI cash payment, the commenters recommended that DSUs be able to consider the overall financial status of the individual and the individual's household when assessing the individual's financial need under the VR program.

Discussion: In the NPRM, we proposed to expand the scope of services exempt from State financial needs tests under the prior regulations to include certain services (i.e., interpreter, reader, and personal assistance services) needed to participate in the VR program, as well as any service needed by a recipient of SSI or SSDI.

The purpose of the proposal to exempt from State financial needs tests interpreter, reader, and personal assistance services was to ensure access to the VR program. As we discussed in the preamble to the NPRM (65 FR 10629), the additional services that we proposed excluding from State financial needs tests enable individuals to participate in training or employment-related services

that they are seeking through the VR program. Typically, individuals do not apply, nor are they determined eligible, under the VR program solely to receive these access-type services. Rather, these services are provided in conjunction with employment and training services sought by the individual participating in the VR program. In fact, the distinguishing feature of these access services is that participation in the VR program is not possible without these services being afforded. Thus, placing an additional burden on the individual to participate in the cost of accessing the VR program, in our view, is inappropriate and contrary to both the purpose of the VR program and the principles in section 504 of the Act and the ADA, which safeguard participation by persons with disabilities in federally funded (under section 504) or public (under the ADA) programs.

As many of the commenters pointed out, we realize that access-type services other than the three additional services that the NPRM would have exempted from financial needs tests (i.e., interpreter, reader, and personal assistance services) clearly exist and that individuals might need those services in order to participate in the VR program. In light of the extensive public comment we received on that point, and the fact that the limited scope of exempted services in the proposed regulations would not ensure that persons with certain disabilities are able to participate in the VR program, we have modified the proposed regulations to more clearly reflect the DSU's responsibility to ensure that all persons with disabilities do not incur the disability-related costs of accessing the VR program. Specifically, the final regulations prohibit the application of State financial needs tests to the provision of any auxiliary aid or service that would be necessary under section 504 of the Act or the ADA in order for an individual with a disability to participate in the VR program. Thus, the final regulations, in effect, ensure that individuals are able to receive, at no additional cost to themselves, aids and services to which they are already entitled under section 504 or the ADA.

We note that interpreter and reader services—two services proposed to be exempt from financial needs tests in the NPRM—generally would be covered under the section 504- and ADA-based standard in the final regulations if those services are needed in order for the individual to access other VR services. In addition, the final regulations, like the NPRM, identify personal assistance services as a separate category of services exempt from financial needs tests. While personal assistance services, as defined in the VR program regulations, might not necessarily be provided by public programs under section 504 or the ADA, those services are often critical for individuals with significant disabilities to be able to access employment and training under the VR program. As we indicated in the preamble to the NPRM, we believe it is important to exempt these services from financial needs tests as well. We also believe that retaining from the NPRM the exemption for personal assistance services will remove a significant disincentive toward pursuing

employment for those with the most significant disabilities.

We also note, however, that the final regulations do not alter the State unit's responsibility to seek comparable services and benefits that can meet the individual's interpreter, reader, personal assistant, or other access needs. Nor does it affect entities outside of the DSU from meeting their responsibilities under section 504 of the Act, the ADA, or other laws. In fact, we expect that some of those entities are likely to be public agencies with which the State unit is required to enter into an interagency agreement in order for both parties to fulfill their responsibilities toward individuals with disabilities (see § 361.53(d) of the final regulations).

With regard to the proposed prohibition on applying financial needs tests to individuals who receive SSI or SSDI, we continue to believe that it is appropriate to exempt those persons from DSU financial needs tests given the Act's emphasis on streamlining access to VR services for disabled Social Security recipients. Moreover, as we discussed in the preamble to the NPRM (65 FR 10629), this change to the prior regulations facilitates the primary goal behind referring SSI recipients and SSDI beneficiaries to the VR program—supporting their efforts (and reducing disincentives) to pursue gainful employment and no longer require Social Security support.

Our rationale for exempting individuals receiving SSI benefits, or a combination of SSI and SSDI benefits, from State-imposed financial needs tests is further supported by the fact that these persons already have gone through a rigorous, federally mandated financial needs test that is typically more restrictive than those tests employed at the State level. To qualify for SSI, individual recipients must have very limited, if any, monthly income—individual or household—or other assets. These individuals generally live at or below the federally established poverty level. Consequently, SSI recipients clearly have a limited ability to contribute to the costs of VR services. Requiring these same persons to undergo an additional financial needs test at the State level would serve only to unnecessarily delay the provision of VR services.

On the other hand, the rationale behind exempting from DSU financial needs tests individuals receiving SSDI benefits alone is based on three critical points. First, SSA, as a matter of policy, has deemed it necessary to award SSDI beneficiaries monthly cash assistance due to their inability to work. While it is true that SSDI benefits are awarded on the basis of earnings and years worked as opposed to extreme financial need, SSA has determined that these individuals can no longer work due to their disabilities and, therefore, cannot earn income to support themselves or their families. SSDI payments are intended to cover a person's living expenses. Once a person achieves an employment outcome earning sufficient wages, as determined by SSA, the individual would be removed from the SSDI rolls.

Second, many State and Federal agencies currently are working to remove as many

disincentives as possible for individuals with disabilities, including individuals with significant disabilities receiving Social Security benefits, to return to work. For example, Congress has adopted changes to Social Security laws not to penalize persons (i.e., not to eliminate or reduce Social Security benefits, including health care coverage) for working since individual's wages are often insufficient to cover costly medical and other living expenses. Previously, many individuals with disabilities chose to remain on SSDI, at Federal expense, rather than risk losing health care coverage. Imposing a financial needs test on this same population that is seeking VR services in order to achieve an employment outcome, in effect, creates an additional disincentive to work and could adversely affect the results sought through the revised Social Security laws and other reforms.

Third, it is important to note that SSA reimburses State VR agencies for the costs incurred in serving an SSI or SSDI recipient when that individual achieves an employment outcome (i.e., substantial gainful activity under Social Security laws) for a specified period of time. Thus, as far as those SSI and SSDI recipients who successfully achieve employment outcomes under the VR program are concerned, there is ultimately little financial burden on the DSU in serving these persons to justify transferring that burden to individuals.

Changes: We have amended the proposed regulations to exempt from DSU financial needs tests any service that constitutes an auxiliary aid or service afforded the individual under section 504 of the Act or the ADA in order for the individual to participate in the VR program.

Section 361.56 Requirements for Closing the Record of Services of an Individual Who Has Achieved an Employment Outcome

Comments: Several commenters expressed concern about proposed § 361.56(a), which required, as a condition of closing the individual's record of services, that the employment outcome achieved by the individual be the same as that described in the individual's IPE. These commenters viewed the provision as inappropriate since amending the IPE to specify a new employment outcome is not always possible, for example when the individual is unavailable to sign an amended IPE.

Other commenters questioned § 361.56(c) of the proposed regulations, which required an agreement between the individual and the DSU counselor that the employment outcome is satisfactory and that the individual is performing well in the employment before the DSU can close the individual's record of services. These commenters suggested that the proposed provision might lead to differences of opinion between the counselor and the individual as to whether the outcome is "satisfactory" and thus preclude the State unit from appropriately closing the service record.

Discussion: We agree that in very limited instances it may be impractical for the DSU and the individual, together, to amend the individual's IPE to reflect the ultimate

employment outcome that the individual obtains while participating in the VR program. Yet, we believe that in most instances necessary amendments to the IPE can be accomplished since the DSU and the individual need not approve and sign the amended IPE simultaneously. Moreover, the required consistency between the IPE and the individual's outcome, in our view, is warranted in order to preserve the usefulness of the IPE development process.

With respect to the comments on proposed § 361.56(c), we note that this provision in the NPRM was substantially the same as the previous regulatory provision. In addition, we are not aware of any reported problems regarding the implementation of this provision through RSA monitoring activities, referrals to the Client Assistance Program, or due process hearings. More importantly, given that employee and counselor satisfaction is a critical factor toward assessing the stability of the individual's job, we believe that the provision should be retained in the final regulations.

Changes: None

Section 361.57 Review of Determinations Made by Designated State Unit Personnel

Comments: One commenter suggested revising § 361.57(a) of the proposed regulations to require the State unit to provide in writing all agency decisions that result in a suspension, termination, or denial of services. This commenter explained that requiring written notification of service denials would be consistent with procedural safeguards in other Federal programs.

We received several comments regarding proposed § 361.57(b), the general requirements governing State due process procedures. Specifically, commenters expressed dissatisfaction with proposed § 361.57(b)(3)(ii) regarding representation during mediation sessions and formal due process hearings. One commenter suggested revising that paragraph to exclude the use of attorneys during mediation and to require the use of attorneys during the formal hearing process. The commenter expressed concern that the use of attorneys during mediation would alter the informal nature of that process. Conversely, the commenter explained, individuals who are not represented by attorneys during the formal hearing are at a distinct disadvantage since the State unit, in general, is represented in hearings by an attorney.

At least one commenter questioned whether mediation should be voluntary on the part of the State unit. The commenter suggested revising proposed § 361.57(d)(2)(i) to require the State unit to participate in good faith in the mediation process whenever mediation is requested by the individual.

Commenters suggested that § 361.57(d)(2)(ii) of the proposed regulations be modified to allow the mediator, in addition to the parties to the mediation, to terminate the mediation process. The commenters stated that it is common practice to give mediators that authority.

A few commenters raised concerns about proposed § 361.57(d)(2)(iii), which governs the manner in which mediators are assigned to a particular case and lists of qualified and

impartial mediators are maintained. One commenter described the meticulous and thoughtful steps used in one State to assign the mediator who is most appropriate to each case. Another commenter suggested that the regulations require that the State unit and the Council agree to the list of mediators as they do for impartial hearing officers.

The final set of comments regarding the proposed mediation procedures pertain to the requirements governing mediation agreements under proposed § 361.57(d)(4). One commenter stated that mediators do not "issue" mediation agreements as that provision suggests. Several commenters urged us to make mediation agreements binding on all parties in order to create greater incentive to pursue mediation.

We received many comments regarding the requirement in proposed § 361.57(e)(1) that hearings generally be conducted within 45 days of an individual's request for review of a State unit decision that affects the provision of services to the individual. With one exception, all commenters indicated that it is overly burdensome to require the State unit to conduct informal reviews, mediation, and the formal hearing within the same 45-day period. Some suggested that the 45-day clock not begin until after an informal review and, if applicable, the mediation process are completed. Others suggested that the time period be extended by a certain number of days (e.g., 10 days) to allow for mediation to occur. Still others suggested that the regulations allow separate time periods for each phase of dispute resolution and that the time periods run consecutively.

Several commenters suggested that § 361.57(g)(3)(iii) of the proposed regulations be modified to eliminate the 30-day deadline by which a reviewing official must render a decision.

Finally, we received several comments asking that the final regulations include a time limit (e.g., 30 days) for the filing of civil actions under § 361.57(i) of the proposed regulations.

Discussion: The issue concerning requiring that all agency decisions that result in a suspension, termination, or denial of services be provided in writing has been brought to our attention many times since the adoption of the 1998 Amendments. Section 361.57(a) conforms to the statutory requirements in section 102(c) of the Act. The Act does not require a written decision in order for an individual to initiate an appeal under this section. An individual may appeal "any determination." Therefore, we do not require designated State unit personnel to issue decisions pertaining to the provision of services in writing, but we encourage the use of written decisions whenever practicable.

With respect to the comments pertaining to legal representation, we share the concern that individuals sometimes are at a disadvantage if they are not represented by an attorney during the formal hearing process, especially if the designated State unit is represented by an attorney. However, we do not share the concern that attorneys used during the mediation process necessarily change the nature of mediation. Nonetheless, the proposed requirements regarding representation during the

mediation and hearing stages reflect the broad authority in section 102(c)(3)(B) of the Act for individuals to select the representative of their choice.

The 1998 Amendments to the Act added mediation as a new method of resolving disputes between individuals and the State unit. Thus, it is not surprising that many commenters sought further clarification of the requirements in the proposed regulations that impact the States' implementation of mediation procedures.

Section 361.57(d)(2)(i) conforms to the statutory language of section 102(c)(4)(B)(i) of the Act, which requires that the DSU's mediation procedures ensure that the mediation process "is voluntary on the part of the parties. . . ." (emphasis added). Therefore, Congress intended the mediation process to be voluntary on the part of both parties rather than giving only the individual the discretion to participate in mediation as one commenter suggested. We also believe that allowing mediation to be voluntary on the part of both parties is necessary since mediation is successful only if both parties participate willingly in an effort to resolve their dispute. We do note, however, that the State unit's decision to agree to pursue mediation should be made on a case-by-case basis. It is neither appropriate nor consistent with the intent of the Act for a DSU to follow a general policy of never participating in mediation.

Our intent behind § 361.57(d)(2)(ii) of the proposed regulations was to ensure that either party may change its mind about participating in mediation, even after the mediation process has begun, and at that point pursue a due process hearing. We sought to ensure that individuals in particular are never locked into a less formal dispute resolution process that they believe to be futile. Consistent with this approach, we also agree with the suggestion that mediators should be allowed to terminate the mediation process and that amending the regulations to reflect that point would not alter the intended effect of this proposed section.

We proposed a process in § 361.57(d)(2)(iii) of the proposed regulations that is similar to that which the Act applies to the selection of impartial hearing officers. In particular, we sought to ensure the same neutrality on the part of the mediators that exists for hearing officers. However, we believe that States with established processes for assigning mediators to a case should be allowed to continue appointing mediators in that fashion, provided that the process used ensures neutrality.

In response to the comments on proposed § 361.57(d)(2)(iii) and the development of the State's list of available mediators, we note that section 102(c)(4)(C) of the Act does not require the State to develop the list of mediators through the joint efforts of the State unit and the Council. Many States have developed an "Office of Dispute Resolution" or similar office to handle all mediations across multiple State agencies. These offices typically employ mediators or contract with private mediators to conduct mediations involving State-administered programs. The proposed regulations were intended to give

States as much flexibility as possible in establishing mediation policies and using existing mediation processes.

Many individuals representing CAPs and DSUs have urged us to interpret section 102(c)(4) of the Act to require that a mediation agreement be binding on all parties. We believe that, if the outcome of mediation (i.e., a mediation agreement) were binding, then conceivably neither party could pursue a formal hearing afterward. That type of restriction would be contrary to the scope of due process procedures that are available under the Act.

In light of the overwhelming support for extending the 45-day period for holding due process hearings under proposed § 361.57(e)(1), we agree that the period should be extended to 60 days in the final regulations. We do not believe that the time period should be extended any longer since section 102(c) of the Act clearly envisions a due process system that is timely, quick, and equitable.

We believe that the 30-day period for an appropriate official to review a hearing officer's decision under proposed § 361.57(g)(3)(iii) is reasonable. This is the same time period that applied to the review of hearing decisions by the State unit director under the previous regulations. Although State-level review of hearing decisions, if established by the State, now must be conducted by an official of an entity overseeing the DSU, we see no reason for modifying the current time period.

We consider it inappropriate for us to establish a time limit for the filing of civil actions in disputes arising under the VR program. The State's Rules of Civil Procedure or the Federal Rules of Civil Procedure, depending on the appropriate forum, dictate the applicable deadline for filing an action in civil court.

Changes: We have made the following modifications to proposed § 361.57(d): authorizing mediators to terminate mediations (§ 361.57(d)(2)(ii)); authorizing States with an established method of assigning mediators to use that process in assigning mediators for the VR program provided the process ensures neutrality on the part of mediators (§ 361.57(d)(2)(iii)); and, in adopting a technical but important revision suggested by some commenters, clarifying that mediators assist in developing rather than "issue" mediation agreements (§ 361.57(d)(4)). We also have modified proposed § 361.57(e)(1) to require that hearings be conducted within 60, rather than 45, days from the individual's request for review of a DSU decision.

Section 361.60 Matching Requirements

Comments: One commenter wrote in support of the proposed change in § 361.60(b)(3)(ii) that would authorize a State to use funds that are earmarked for a particular geographic area within the State as part of its non-Federal share without obtaining a waiver of statewideneess if the State determines and informs the RSA Commissioner that it cannot provide the full amount of its non-Federal share without using the earmarked funds. This commenter indicated that the provision was needed

since many State legislatures appropriate most, but not all, of the funds needed to match the full amount of Federal funds available under the program.

Discussion: Although section 101(a)(4)(B) of the Act is intended to assist some States in meeting their matching obligations, we wish to reemphasize that statewideness requirements still apply to the Federal VR program funds that the State receives in return for contributing geographically limited earmarked funds to its non-Federal share. For further discussion of the effect of this change from the previous regulations, please refer to the preamble to the NPRM (65 FR 10630).

Changes: None.

Sections 361.80-361.89 Evaluation Standards and Performance Indicators

Comments: None.

Discussion: The Evaluation Standards and Performance Indicators for the VR program were published in the **Federal Register** on June 5, 2000 (65 FR 35792) and became effective on July 5, 2000. Because these performance measures are part of the regulations implementing the VR program (34 CFR 361), we have added the measures and their corresponding requirements to the final regulations in this publication. The Evaluation Standards and Performance Indicators are located in §§ 361.80 through

361.89 of Subpart E. For guidance in implementing the performance measures, we suggest you consult the preamble to the prior **Federal Register** publication of the measures (65 FR 35792).

Changes: We have amended the proposed regulations to include Subpart E, "Evaluation Standards and Performance Indicators," and the corresponding provisions in §§ 361.80 through 361.89 that were previously published. The requirements in these sections are the same as those published in the **Federal Register** on June 5, 2000.

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