

**ASCENSION PERSONALIZED CARE- TEXAS**  
**2023 MEDICAL AND BEHAVIORAL HEALTH AUTHORIZATION STATISTICS**  
 Data is provided in compliance with Texas Insurance Code 1301.1351 and 843.3481 (HMO)

| Prior Authorization - Count of Certifications/Denials                                                                                                                           |          |                              |                                |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|--------------------------------|-------------|
| Procedure Code-Description/Ordering Provider Specialty                                                                                                                          | Approved | Denied Not a Covered Benefit | Denied Not Medically Necessary | Grand Total |
| 0037U                                                                                                                                                                           | 1        |                              |                                | 1           |
| TRGT GEN SEQ DNA 324 GENES                                                                                                                                                      | 1        |                              |                                | 1           |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 1        |                              |                                | 1           |
| 0172U                                                                                                                                                                           |          | 1                            |                                | 1           |
| ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG                                                                                                                                    |          | 1                            |                                | 1           |
| PHYSICIAN ASSISTANT                                                                                                                                                             |          | 1                            |                                | 1           |
| 0232T                                                                                                                                                                           |          | 1                            | 1                              | 2           |
| INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED                                                               |          | 1                            | 1                              | 2           |
| ORTHOPEDIC SURGERY                                                                                                                                                              |          |                              | 1                              | 1           |
| PODIATRY                                                                                                                                                                        |          | 1                            |                                | 1           |
| 0275T                                                                                                                                                                           |          | 1                            |                                | 1           |
| PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMI  |          | 1                            |                                | 1           |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    |          | 1                            |                                | 1           |
| 0421T                                                                                                                                                                           |          | 1                            | 2                              | 3           |
| TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, INCLUDING ULTRASOUND GUIDANCE, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, UR |          | 1                            | 2                              | 3           |
| UROLOGY                                                                                                                                                                         |          | 1                            | 2                              | 3           |
| 0503T                                                                                                                                                                           | 3        |                              | 1                              | 4           |
| COR FFR ALYS GNRJ FFR MDL                                                                                                                                                       | 3        |                              | 1                              | 4           |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 3        |                              | 1                              | 4           |
| 11005                                                                                                                                                                           | 1        |                              |                                | 1           |
| DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; ABDOMINAL WALL, WITH OR WITHOUT FASCIAL CLOSURE                              | 1        |                              |                                | 1           |
| GENERAL SURGERY                                                                                                                                                                 | 1        |                              |                                | 1           |
| 11420                                                                                                                                                                           | 1        |                              |                                | 1           |
| EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS                      | 1        |                              |                                | 1           |
| UROLOGY                                                                                                                                                                         | 1        |                              |                                | 1           |
| 11451                                                                                                                                                                           | 1        |                              |                                | 1           |
| EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR                                                                                        | 1        |                              |                                | 1           |
| PLASTIC SURGERY                                                                                                                                                                 | 1        |                              |                                | 1           |
| 11980                                                                                                                                                                           | 9        |                              |                                | 9           |
| SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)                                                              | 9        |                              |                                | 9           |

|                                                                                                                                                               |          |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| CLINICAL NURSE SPECIALIST                                                                                                                                     | 1        |          | 1        |
| UROLOGY                                                                                                                                                       | 8        |          | 8        |
| <b>14000</b>                                                                                                                                                  | <b>4</b> |          | <b>4</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS</b>                                                                              | <b>4</b> |          | <b>4</b> |
| DERMATOLOGY                                                                                                                                                   | 1        |          | 1        |
| DERMATOLOGYMICROGRAPHIC SURG                                                                                                                                  | 2        |          | 2        |
| PLASTIC SURGERY                                                                                                                                               | 1        |          | 1        |
| <b>14001</b>                                                                                                                                                  | <b>3</b> |          | <b>3</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM</b>                                                                      | <b>3</b> |          | <b>3</b> |
| GENERAL SURGERY                                                                                                                                               | 3        |          | 3        |
| <b>14020</b>                                                                                                                                                  | <b>3</b> |          | <b>3</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS</b>                                                            | <b>3</b> |          | <b>3</b> |
| DERMATOLOGY                                                                                                                                                   | 3        |          | 3        |
| <b>14021</b>                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM</b>                                                    | <b>1</b> |          | <b>1</b> |
| DERMATOLOGY                                                                                                                                                   | 1        |          | 1        |
| <b>14040</b>                                                                                                                                                  | <b>9</b> |          | <b>9</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS</b>         | <b>9</b> |          | <b>9</b> |
| DERMATOLOGY                                                                                                                                                   | 2        |          | 2        |
| DERMATOLOGYMICROGRAPHIC SURG                                                                                                                                  | 1        |          | 1        |
| PEDIATRIC UROLOGY                                                                                                                                             | 4        |          | 4        |
| PLASTIC HAND SURGERY                                                                                                                                          | 1        |          | 1        |
| UROLOGY                                                                                                                                                       | 1        |          | 1        |
| <b>14041</b>                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| <b>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</b> | <b>1</b> |          | <b>1</b> |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                   | 1        |          | 1        |
| <b>14060</b>                                                                                                                                                  | <b>8</b> | <b>1</b> | <b>9</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS</b>                                                    | <b>8</b> | <b>1</b> | <b>9</b> |
| DERMATOLOGY                                                                                                                                                   | 5        |          | 5        |
| DERMATOLOGYMICROGRAPHIC SURG                                                                                                                                  | 2        |          | 2        |
| OPHTHALMOLOGY                                                                                                                                                 | 1        | 1        | 2        |
| <b>14061</b>                                                                                                                                                  | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM</b>                                            | <b>2</b> | <b>1</b> | <b>3</b> |
| DERMATOLOGY                                                                                                                                                   | 1        | 1        | 2        |
| PLASTIC SURGERY                                                                                                                                               | 1        |          | 1        |
| <b>14301</b>                                                                                                                                                  | <b>7</b> |          | <b>7</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM</b>                                                                   | <b>7</b> |          | <b>7</b> |
| GENERAL SURGERY                                                                                                                                               | 2        |          | 2        |
| PLASTIC SURGERY                                                                                                                                               | 2        |          | 2        |

|                                                                                                                                                                                        |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                            | 2        | 2        |
| SURIGCAL ONCOLOGY                                                                                                                                                                      | 1        | 1        |
| <b>14302</b>                                                                                                                                                                           | <b>2</b> | <b>2</b> |
| <b>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</b>                    | <b>2</b> | <b>2</b> |
| GENERAL SURGERY                                                                                                                                                                        | 1        | 1        |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                            | 1        | 1        |
| <b>15100</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |
| <b>SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)</b>                                                | <b>1</b> | <b>1</b> |
| GENERAL SURGERY                                                                                                                                                                        | 1        | 1        |
| <b>15120</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |
| <b>SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFA</b> | <b>1</b> | <b>1</b> |
| GENERAL SURGERY                                                                                                                                                                        | 1        | 1        |
| <b>15121</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |
| <b>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 1% OF</b> | <b>1</b> | <b>1</b> |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                            | 1        | 1        |
| <b>15240</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |
| <b>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</b>               | <b>1</b> | <b>1</b> |
| PLASTIC HAND SURGERY                                                                                                                                                                   | 1        | 1        |
| <b>15240RT</b>                                                                                                                                                                         | <b>1</b> | <b>1</b> |
| <b>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</b>               | <b>1</b> | <b>1</b> |
| PLASTIC SURGERY                                                                                                                                                                        | 1        | 1        |
| <b>15260</b>                                                                                                                                                                           | <b>8</b> | <b>8</b> |
| <b>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS</b>                                                          | <b>8</b> | <b>8</b> |
| DERMATOLOGY                                                                                                                                                                            | 1        | 1        |
| DERMATOLOGYMICROGRAPHIC SURG                                                                                                                                                           | 6        | 6        |
| OPHTHALMOLOGY                                                                                                                                                                          | 1        | 1        |
| <b>15271</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |
| <b>APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA</b>                                  | <b>1</b> | <b>1</b> |
| FAMILY PRACTICE                                                                                                                                                                        | 1        | 1        |
| <b>15275</b>                                                                                                                                                                           | <b>3</b> | <b>3</b> |
| <b>APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ</b>  | <b>3</b> | <b>3</b> |
| OTOLARYNGOLOGY FACIAL                                                                                                                                                                  | 2        | 2        |
| PODIATRY                                                                                                                                                                               | 1        | 1        |

|                                                                                                                                                                              |  |  |          |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------|----------|----------|
| <b>15733</b>                                                                                                                                                                 |  |  | <b>1</b> | <b>1</b> |          |
| MUSC MYOQ/FSCQ FLP H&N PEDCL                                                                                                                                                 |  |  | 1        | 1        |          |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                  |  |  | 1        | 1        |          |
| <b>15734</b>                                                                                                                                                                 |  |  | <b>2</b> | <b>2</b> |          |
| MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK                                                                                                                         |  |  | 2        | 2        |          |
| GENERAL SURGERY                                                                                                                                                              |  |  | 1        | 1        |          |
| PLASTIC SURGERY                                                                                                                                                              |  |  | 1        | 1        |          |
| <b>15769</b>                                                                                                                                                                 |  |  | <b>4</b> | <b>4</b> |          |
| GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)                                                                            |  |  | 4        | 4        |          |
| OTOLARYNGOLOGY                                                                                                                                                               |  |  | 1        | 1        |          |
| PEDIATRIC OTOLARYNOGOGLOGY                                                                                                                                                   |  |  | 3        | 3        |          |
| <b>15771</b>                                                                                                                                                                 |  |  | <b>2</b> | <b>2</b> |          |
| GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE                                           |  |  | 2        | 2        |          |
| PLASTIC SURGERY                                                                                                                                                              |  |  | 2        | 2        |          |
| <b>15772</b>                                                                                                                                                                 |  |  | <b>1</b> | <b>1</b> |          |
| GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF                  |  |  | 1        | 1        |          |
| PLASTIC & RECONSTRUCTIVE SURG                                                                                                                                                |  |  | 1        | 1        |          |
| <b>15777</b>                                                                                                                                                                 |  |  | <b>2</b> | <b>2</b> |          |
| IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |  |  | 2        | 2        |          |
| PLASTIC SURGERY                                                                                                                                                              |  |  | 2        | 2        |          |
| <b>15823</b>                                                                                                                                                                 |  |  | <b>2</b> | <b>1</b> | <b>3</b> |
| BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID                                                                                                         |  |  | 2        | 1        | 3        |
| OPHTHALMOLOGY                                                                                                                                                                |  |  | 1        | 1        | 2        |
| OTOLARYNGOLOGY                                                                                                                                                               |  |  | 1        |          | 1        |
| <b>1582350</b>                                                                                                                                                               |  |  | <b>7</b> |          | <b>7</b> |
| BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID                                                                                                         |  |  | 7        |          | 7        |
| OPHTHALMOLOGY                                                                                                                                                                |  |  | 7        |          | 7        |
| <b>15839</b>                                                                                                                                                                 |  |  | <b>1</b> | <b>1</b> | <b>2</b> |
| EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHER AREA                                                                                            |  |  | 1        | 1        | 2        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                    |  |  |          | 1        | 1        |
| UROLOGY                                                                                                                                                                      |  |  | 1        |          | 1        |
| <b>16030</b>                                                                                                                                                                 |  |  | <b>1</b> |          | <b>1</b> |
| DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)               |  |  | 1        |          | 1        |
| NULL                                                                                                                                                                         |  |  | 1        |          | 1        |
| <b>17106</b>                                                                                                                                                                 |  |  |          | <b>1</b> | <b>1</b> |
| DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM                                                                            |  |  |          | 1        | 1        |

|                                                                                               |  |          |          |
|-----------------------------------------------------------------------------------------------|--|----------|----------|
| DERMATOLOGY                                                                                   |  | 1        | 1        |
| <b>19301</b>                                                                                  |  | <b>5</b> | <b>1</b> |
| <b>MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);</b>        |  | <b>5</b> | <b>1</b> |
| GENERAL SURGERY                                                                               |  | 5        | 1        |
| <b>19303</b>                                                                                  |  | <b>1</b> | <b>1</b> |
| <b>MASTECTOMY, SIMPLE, COMPLETE</b>                                                           |  | <b>1</b> | <b>1</b> |
| GENERAL SURGERY                                                                               |  | 1        | 1        |
| <b>19316</b>                                                                                  |  | <b>3</b> | <b>3</b> |
| <b>MASTOPEXY</b>                                                                              |  | <b>3</b> | <b>3</b> |
| PLASTIC & RECONSTRUCTIVE SURG                                                                 |  | 1        | 1        |
| PLASTIC SURGERY                                                                               |  | 2        | 2        |
| <b>19318</b>                                                                                  |  | <b>8</b> | <b>8</b> |
| <b>REDUCTION MAMMAPLASTY</b>                                                                  |  | <b>8</b> | <b>8</b> |
| GENERAL SURGERY                                                                               |  | 2        | 2        |
| PLASTIC HAND SURGERY                                                                          |  | 1        | 1        |
| PLASTIC SURGERY                                                                               |  | 5        | 5        |
| <b>1931850</b>                                                                                |  | <b>1</b> | <b>1</b> |
| <b>REDUCTION MAMMAPLASTY</b>                                                                  |  | <b>1</b> | <b>1</b> |
| PLASTIC SURGERY                                                                               |  | 1        | 1        |
| <b>19330</b>                                                                                  |  | <b>1</b> | <b>1</b> |
| <b>REMOVAL OF MAMMARY IMPLANT MATERIAL</b>                                                    |  | <b>1</b> | <b>1</b> |
| PLASTIC SURGERY                                                                               |  | 1        | 1        |
| <b>19355</b>                                                                                  |  | <b>1</b> | <b>1</b> |
| <b>CORRECTION OF INVERTED NIPPLES</b>                                                         |  | <b>1</b> | <b>1</b> |
| GENERAL SURGERY                                                                               |  | 1        | 1        |
| <b>19370</b>                                                                                  |  | <b>1</b> | <b>1</b> |
| <b>OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST</b>                                                |  | <b>1</b> | <b>1</b> |
| PLASTIC SURGERY                                                                               |  | 1        | 1        |
| <b>19380</b>                                                                                  |  | <b>1</b> | <b>1</b> |
| <b>REVISION OF RECONSTRUCTED BREAST</b>                                                       |  | <b>1</b> | <b>1</b> |
| PLASTIC SURGERY                                                                               |  | 1        | 1        |
| <b>20680</b>                                                                                  |  |          | <b>1</b> |
| <b>REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)</b> |  |          | <b>1</b> |
| ORTHOPEDIC SURGERY                                                                            |  | 1        | 1        |
| <b>20680LT</b>                                                                                |  | <b>1</b> | <b>1</b> |
| <b>REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)</b> |  | <b>1</b> | <b>1</b> |
| ORTHOPAEDIC SURGERY FOOT&ANKLE                                                                |  | 1        | 1        |
| <b>20902</b>                                                                                  |  | <b>1</b> | <b>1</b> |
| <b>BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE</b>                                             |  | <b>1</b> | <b>1</b> |
| ORTHOPEDIC SURGERY                                                                            |  | 1        | 1        |
| <b>20912</b>                                                                                  |  | <b>3</b> | <b>3</b> |
| <b>CARTILAGE GRAFT; NASAL SEPTUM</b>                                                          |  | <b>3</b> | <b>3</b> |
| OTOLARYNGOLOGY                                                                                |  | 1        | 1        |
| OTOLARYNGOLOGY FACIAL                                                                         |  | 2        | 2        |

|                                                                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>20931</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                                                       | 1        | 1        |
| NEUROLOGICAL SURGERY                                                                                                                                                            | 1        | 1        |
| <b>21085</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT                                                                                                                         | 1        | 1        |
| SPECIALTY DENTISTRY                                                                                                                                                             | 1        | 1        |
| <b>21147</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR  | 1        | 1        |
| ORAL & MAXIOFACIAL SURGERY                                                                                                                                                      | 1        | 1        |
| <b>21235</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)                                                                                                     | 2        | 2        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 2        | 2        |
| <b>21240</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)                                                                                     | 1        | 1        |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                     | 1        | 1        |
| <b>21240RT</b>                                                                                                                                                                  | <b>1</b> | <b>1</b> |
| ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)                                                                                     | 1        | 1        |
| SPECIALTY DENTISTRY                                                                                                                                                             | 1        | 1        |
| <b>21335</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM                                                                                           | 1        | 1        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 1        | 1        |
| <b>21740</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN                                                                                                                    | 1        | 1        |
| CARDIOTHORACIC SURGERY                                                                                                                                                          | 1        | 1        |
| <b>22513</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEB | 1        | 1        |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                     | 1        | 1        |
| <b>22514</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEB | 2        | 2        |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                     | 1        | 1        |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 1        | 1        |
| <b>22551</b>                                                                                                                                                                    | <b>4</b> | <b>4</b> |
| ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2            | 4        | 4        |

|                                                                                                                                                                                        |          |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1        |          | 1        |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 3        |          | 3        |
| <b>22612</b>                                                                                                                                                                           | <b>2</b> | <b>1</b> | <b>3</b> |
| <b>ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)</b>                                                    | <b>2</b> | <b>1</b> | <b>3</b> |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            |          | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1        |          | 1        |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1        |          | 1        |
| <b>22633</b>                                                                                                                                                                           | <b>4</b> |          | <b>4</b> |
| <b>ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER</b>  | <b>4</b> |          | <b>4</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 2        |          | 2        |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 1        |          | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1        |          | 1        |
| <b>22840</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C</b> | <b>1</b> |          | <b>1</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1        |          | 1        |
| <b>22842</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE</b>  | <b>1</b> |          | <b>1</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1        |          | 1        |
| <b>22845</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</b>                                                                 | <b>1</b> |          | <b>1</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1        |          | 1        |
| <b>22846</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</b>                                                                 | <b>1</b> |          | <b>1</b> |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 1        |          | 1        |
| <b>22853</b>                                                                                                                                                                           | <b>3</b> |          | <b>3</b> |
| <b>INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO</b> | <b>3</b> |          | <b>3</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 3        |          | 3        |
| <b>22856</b>                                                                                                                                                                           | <b>2</b> |          | <b>2</b> |
| <b>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRES</b>  | <b>2</b> |          | <b>2</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1        |          | 1        |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 1        |          | 1        |
| <b>23020</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |

|                                                                                                                                                              |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)</b>                                                                                               | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>23395</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE</b>                                                                                              | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>23430</b>                                                                                                                                                 | <b>2</b> | <b>2</b> |
| <b>TENODESIS OF LONG TENDON OF BICEPS</b>                                                                                                                    | 2        | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 2        | 2        |
| <b>23470LT</b>                                                                                                                                               | <b>1</b> | <b>1</b> |
| <b>ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY</b>                                                                                                    | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>23480</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;</b>                                                                                               | 1        | 1        |
| GENERAL SURGERY                                                                                                                                              | 1        | 1        |
| <b>23485</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)</b> | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>23930</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA</b>                                                                              | 1        | 1        |
| NEUROLOGICAL SURGERY                                                                                                                                         | 1        | 1        |
| <b>24300</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>MANIPULATION, ELBOW, UNDER ANESTHESIA</b>                                                                                                                 | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>25447</b>                                                                                                                                                 | <b>2</b> | <b>2</b> |
| <b>ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS</b>                                                                                    | 2        | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 2        | 2        |
| <b>26990</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA</b>                                                                             | 1        | 1        |
| GENERAL SURGERY                                                                                                                                              | 1        | 1        |
| <b>27001</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>TENOTOMY, ADDUCTOR OF HIP, OPEN</b>                                                                                                                       | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>2700150</b>                                                                                                                                               | <b>1</b> | <b>1</b> |
| <b>TENOTOMY, ADDUCTOR OF HIP, OPEN</b>                                                                                                                       | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                           | 1        | 1        |
| <b>27043</b>                                                                                                                                                 | <b>3</b> | <b>3</b> |
| <b>EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREATER</b>                                                                    | 3        | 3        |
| GENERAL SURGERY                                                                                                                                              | 3        | 3        |
| <b>27045</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |
| <b>EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</b>                                                  | 1        | 1        |
| GENERAL SURGERY                                                                                                                                              | 1        | 1        |
| <b>27087</b>                                                                                                                                                 | <b>1</b> | <b>1</b> |



|                                                                                                                                                                                 |           |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)                                                                                                      | 1         |          |          | 1         |
| NULL                                                                                                                                                                            | 1         |          |          | 1         |
| <b>27096</b>                                                                                                                                                                    | <b>29</b> | <b>1</b> | <b>1</b> | <b>31</b> |
| INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED                                     | 29        | 1        | 1        | 31        |
| ANESTHESIA PAIN MED                                                                                                                                                             | 6         |          |          | 6         |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 4         |          |          | 4         |
| PAIN MANAGEMENT                                                                                                                                                                 | 5         |          |          | 5         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 9         | 1        | 1        | 11        |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                       | 4         |          |          | 4         |
| PMRE PAIN MEDICINE                                                                                                                                                              | 1         |          |          | 1         |
| <b>2709650</b>                                                                                                                                                                  | <b>8</b>  | <b>1</b> |          | <b>9</b>  |
| INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED                                     | 8         | 1        |          | 9         |
| ANESTHESIA PAIN MED                                                                                                                                                             | 3         |          |          | 3         |
| PAIN MANAGEMENT                                                                                                                                                                 | 2         |          |          | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 3         |          |          | 3         |
| PMRE SPORTS MEDICINE                                                                                                                                                            |           | 1        |          | 1         |
| <b>27130</b>                                                                                                                                                                    | <b>25</b> |          | <b>1</b> | <b>26</b> |
| ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT                                           | 25        |          | 1        | 26        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 25        |          | 1        | 26        |
| <b>27130LT</b>                                                                                                                                                                  | <b>1</b>  |          |          | <b>1</b>  |
| ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT                                           | 1         |          |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1         |          |          | 1         |
| <b>27130RT</b>                                                                                                                                                                  | <b>6</b>  |          |          | <b>6</b>  |
| ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT                                           | 6         |          |          | 6         |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 6         |          |          | 6         |
| <b>27137RT</b>                                                                                                                                                                  | <b>1</b>  |          |          | <b>1</b>  |
| REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT                                                                           | 1         |          |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1         |          |          | 1         |
| <b>27279</b>                                                                                                                                                                    |           | <b>1</b> |          | <b>1</b>  |
| ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF |           | 1        |          | 1         |
| ANESTHESIA PAIN MED                                                                                                                                                             |           | 1        |          | 1         |
| <b>27327</b>                                                                                                                                                                    | <b>1</b>  |          |          | <b>1</b>  |
| EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM                                                                                                | 1         |          |          | 1         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                                                                  | 1         |          |          | 1         |

|                                                                                                                                               |  |           |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------|
| <b>27337</b>                                                                                                                                  |  | <b>2</b>  | <b>2</b>  |
| <b>EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER</b>                                                      |  | <b>2</b>  | <b>2</b>  |
| GENERAL SURGERY                                                                                                                               |  | 2         | 2         |
| <b>27340</b>                                                                                                                                  |  | <b>1</b>  | <b>1</b>  |
| <b>EXCISION, PREPATELLAR BURSA</b>                                                                                                            |  | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 1         | 1         |
| <b>27358</b>                                                                                                                                  |  | <b>1</b>  | <b>1</b>  |
| <b>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</b>   |  | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 1         | 1         |
| <b>27380</b>                                                                                                                                  |  | <b>2</b>  | <b>2</b>  |
| <b>SUTURE OF INFRAPATELLAR TENDON; PRIMARY</b>                                                                                                |  | <b>2</b>  | <b>2</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 2         | 2         |
| <b>27380RT</b>                                                                                                                                |  | <b>1</b>  | <b>1</b>  |
| <b>SUTURE OF INFRAPATELLAR TENDON; PRIMARY</b>                                                                                                |  | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 1         | 1         |
| <b>27385</b>                                                                                                                                  |  | <b>2</b>  | <b>2</b>  |
| <b>SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY</b>                                                                              |  | <b>2</b>  | <b>2</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 2         | 2         |
| <b>27425</b>                                                                                                                                  |  | <b>1</b>  | <b>1</b>  |
| <b>LATERAL RETINACULAR RELEASE, OPEN</b>                                                                                                      |  | <b>1</b>  | <b>1</b>  |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                 |  | 1         | 1         |
| <b>27427</b>                                                                                                                                  |  | <b>1</b>  | <b>1</b>  |
| <b>LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR</b>                                                                        |  | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 1         | 1         |
| <b>27446</b>                                                                                                                                  |  | <b>1</b>  | <b>1</b>  |
| <b>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT</b>                                                                 |  | <b>1</b>  | <b>1</b>  |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                 |  | 1         | 1         |
| <b>27447</b>                                                                                                                                  |  | <b>18</b> | <b>18</b> |
| <b>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)</b> |  | <b>18</b> | <b>18</b> |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                 |  | 1         | 1         |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 17        | 17        |
| <b>2744750</b>                                                                                                                                |  | <b>1</b>  | <b>1</b>  |
| <b>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)</b> |  | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 1         | 1         |
| <b>27447LT</b>                                                                                                                                |  | <b>3</b>  | <b>3</b>  |
| <b>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)</b> |  | <b>3</b>  | <b>3</b>  |
| ORTHOPEDIC SURGERY                                                                                                                            |  | 3         | 3         |
| <b>27447RT</b>                                                                                                                                |  | <b>1</b>  | <b>1</b>  |

|                                                                                                                                        |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 1        | 1        |
| <b>27487</b>                                                                                                                           | <b>1</b> | <b>1</b> |
| REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT                                    | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 1        | 1        |
| <b>27524</b>                                                                                                                           | <b>2</b> | <b>2</b> |
| OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR             | 2        | 2        |
| ORTHOPEDIC SURGERY                                                                                                                     | 2        | 2        |
| <b>27535LT</b>                                                                                                                         | <b>1</b> | <b>1</b> |
| OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED                         | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 1        | 1        |
| <b>27570</b>                                                                                                                           | <b>4</b> | <b>4</b> |
| MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)                       | 4        | 4        |
| NULL                                                                                                                                   | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 3        | 3        |
| <b>27570LT</b>                                                                                                                         | <b>2</b> | <b>2</b> |
| MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)                       | 2        | 2        |
| IM SPORTS MEDICINE                                                                                                                     | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 1        | 1        |
| <b>28285</b>                                                                                                                           | <b>1</b> | <b>1</b> |
| CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)                                                     | 1        | 1        |
| ORTHOPAEDIC SURGERY FOOT&ANKLE                                                                                                         | 1        | 1        |
| <b>28308</b>                                                                                                                           | <b>1</b> | <b>1</b> |
| OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; OTHER THAN FIRST METATARSAL, EACH                | 1        | 1        |
| PODIATRY                                                                                                                               | 1        | 1        |
| <b>29806</b>                                                                                                                           | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY                                                                                        | 1        | 1        |
| PEDIATRIC ORTHOPEDIC SURGERY                                                                                                           | 1        | 1        |
| <b>29806LT</b>                                                                                                                         | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY                                                                                        | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 1        | 1        |
| <b>29806RT</b>                                                                                                                         | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY                                                                                        | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                     | 1        | 1        |
| <b>29822</b>                                                                                                                           | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED                                                                                  | 1        | 1        |
| NULL                                                                                                                                   | 1        | 1        |

|                                                                                                                                                                                        |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>29823</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE</b>                                                                                                                         | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1         | 1         |
| <b>29824</b>                                                                                                                                                                           | <b>3</b>  | <b>3</b>  |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)</b>                                                                   | <b>3</b>  | <b>3</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 3         | 3         |
| <b>29826</b>                                                                                                                                                                           | <b>6</b>  | <b>6</b>  |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATEL</b> | <b>6</b>  | <b>6</b>  |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                          | 1         | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 5         | 5         |
| <b>29826RT</b>                                                                                                                                                                         | <b>1</b>  | <b>1</b>  |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATEL</b> | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1         | 1         |
| <b>29827</b>                                                                                                                                                                           | <b>13</b> | <b>13</b> |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR</b>                                                                                                                       | <b>13</b> | <b>13</b> |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                          | 2         | 2         |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 11        | 11        |
| <b>29827RT</b>                                                                                                                                                                         | <b>2</b>  | <b>2</b>  |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR</b>                                                                                                                       | <b>2</b>  | <b>2</b>  |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                          | 1         | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1         | 1         |
| <b>29828</b>                                                                                                                                                                           | <b>3</b>  | <b>3</b>  |
| <b>ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS</b>                                                                                                                               | <b>3</b>  | <b>3</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 3         | 3         |
| <b>29848</b>                                                                                                                                                                           | <b>2</b>  | <b>2</b>  |
| <b>ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT</b>                                                                                                          | <b>2</b>  | <b>2</b>  |
| HAND SURGERY                                                                                                                                                                           | 1         | 1         |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                                | 1         | 1         |
| <b>29848LT</b>                                                                                                                                                                         | <b>1</b>  | <b>1</b>  |
| <b>ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT</b>                                                                                                          | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                                | 1         | 1         |
| <b>29848RT</b>                                                                                                                                                                         | <b>3</b>  | <b>3</b>  |
| <b>ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT</b>                                                                                                          | <b>3</b>  | <b>3</b>  |
| HAND SURGERY                                                                                                                                                                           | 1         | 1         |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                                | 2         | 2         |
| <b>29863</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY</b>                                                                                                                                    | <b>1</b>  | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1         | 1         |

|                                                                                                                                                                                 |  |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|----------|
| <b>29870LT</b>                                                                                                                                                                  |  | <b>1</b>  | <b>1</b> |
| ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)                                                                                             |  | 1         | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 1         | 1        |
| <b>29873</b>                                                                                                                                                                    |  | <b>2</b>  | <b>2</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE                                                                                                                               |  | 2         | 2        |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                   |  | 1         | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 1         | 1        |
| <b>29876RT</b>                                                                                                                                                                  |  | <b>1</b>  | <b>1</b> |
| ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)                                                                                 |  | 1         | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 1         | 1        |
| <b>29877</b>                                                                                                                                                                    |  | <b>4</b>  | <b>4</b> |
| ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)                                                                                         |  | 4         | 4        |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                   |  | 1         | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 3         | 3        |
| <b>29877RT</b>                                                                                                                                                                  |  | <b>2</b>  | <b>2</b> |
| ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)                                                                                         |  | 2         | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 2         | 2        |
| <b>29880</b>                                                                                                                                                                    |  | <b>4</b>  | <b>4</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME  |  | 4         | 4        |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                   |  | 1         | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 3         | 3        |
| <b>29880RT</b>                                                                                                                                                                  |  | <b>1</b>  | <b>1</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME  |  | 1         | 1        |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                   |  | 1         | 1        |
| <b>29881</b>                                                                                                                                                                    |  | <b>15</b> | <b>1</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME O |  | 15        | 1        |
| NULL                                                                                                                                                                            |  | 1         | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 14        | 1        |
| <b>29881LT</b>                                                                                                                                                                  |  | <b>5</b>  | <b>5</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME O |  | 5         | 5        |
| ORTHOPEDIC SURGERY                                                                                                                                                              |  | 5         | 5        |
| <b>29881RT</b>                                                                                                                                                                  |  | <b>2</b>  | <b>2</b> |

|                                                                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME O | 2        | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 2        | 2        |
| <b>29882</b>                                                                                                                                                                    | <b>7</b> | <b>7</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)                                                                                                           | 7        | 7        |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                   | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 6        | 6        |
| <b>29882RT</b>                                                                                                                                                                  | <b>2</b> | <b>2</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)                                                                                                           | 2        | 2        |
| NULL                                                                                                                                                                            | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        | 1        |
| <b>29883LT</b>                                                                                                                                                                  | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)                                                                                                          | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        | 1        |
| <b>29884</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)                                                                         | 2        | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 2        | 2        |
| <b>29887</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION                                                                        | 1        | 1        |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                                   | 1        | 1        |
| <b>29888</b>                                                                                                                                                                    | <b>9</b> | <b>9</b> |
| ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION                                                                                         | 9        | 9        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 8        | 8        |
| PEDIATRIC ORTHOPEDIC SURGERY                                                                                                                                                    | 1        | 1        |
| <b>29888LT</b>                                                                                                                                                                  | <b>1</b> | <b>1</b> |
| ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION                                                                                         | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        | 1        |
| <b>29888RT</b>                                                                                                                                                                  | <b>1</b> | <b>1</b> |
| ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION                                                                                         | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        | 1        |
| <b>29914</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)                                                                                                     | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        | 1        |
| <b>29916</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR                                                                                                                                  | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        | 1        |
| <b>29999</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| UNLISTED PROCEDURE, ARTHROSCOPY                                                                                                                                                 | 1        | 1        |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                         | 1        | 1        |

|                                                                                                                                                                    |  |           |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------|
| <b>30435</b>                                                                                                                                                       |  | <b>1</b>  | <b>1</b>  |
| <b>RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)</b>                                                                                  |  | <b>1</b>  | <b>1</b>  |
| STUDENT IN ORGANIZED CARE                                                                                                                                          |  | 1         | 1         |
| <b>30465</b>                                                                                                                                                       |  | <b>8</b>  | <b>1</b>  |
| <b>REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)</b>                                                              |  | <b>8</b>  | <b>1</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 6         | 1         |
| PLASTIC SURGERY                                                                                                                                                    |  | 1         | 1         |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                        |  | 1         | 1         |
| <b>30469</b>                                                                                                                                                       |  |           | <b>1</b>  |
| <b>REPAIR OF NASAL VALVE COLLAPSE WITH LOW ENERGY, TEMPERATURE-CONTROLLED (IE, RADIOFREQUENCY) SUBCUTANEOUS/SUBMUCOSAL REMODELING</b>                              |  |           | <b>1</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  |           | 1         |
| <b>30520</b>                                                                                                                                                       |  | <b>1</b>  | <b>1</b>  |
| <b>SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT</b>                                                 |  | <b>1</b>  | <b>1</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 1         | 1         |
| <b>30560</b>                                                                                                                                                       |  | <b>1</b>  | <b>1</b>  |
| <b>LYSIS INTRANASAL SYNECHIA</b>                                                                                                                                   |  | <b>1</b>  | <b>1</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 1         | 1         |
| <b>31253</b>                                                                                                                                                       |  | <b>3</b>  | <b>3</b>  |
| <b>NSL/SINS NDSC TOTAL</b>                                                                                                                                         |  | <b>3</b>  | <b>3</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 3         | 3         |
| <b>31259</b>                                                                                                                                                       |  | <b>6</b>  | <b>6</b>  |
| <b>NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS</b> |  | <b>6</b>  | <b>6</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 5         | 5         |
| OTOLARYNGOLOGY FACIAL                                                                                                                                              |  | 1         | 1         |
| <b>3125950</b>                                                                                                                                                     |  | <b>1</b>  | <b>1</b>  |
| <b>NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS</b> |  | <b>1</b>  | <b>1</b>  |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 1         | 1         |
| <b>31276</b>                                                                                                                                                       |  |           | <b>1</b>  |
| <b>NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS</b>                                        |  |           | <b>1</b>  |
| NULL                                                                                                                                                               |  |           | 1         |
| <b>31295</b>                                                                                                                                                       |  | <b>12</b> | <b>12</b> |
| <b>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA</b>                             |  | <b>12</b> | <b>12</b> |
| OTOLARYNGOLOGY                                                                                                                                                     |  | 11        | 11        |
| OTOLARYNGOLOGY FACIAL                                                                                                                                              |  | 1         | 1         |
| <b>3129550</b>                                                                                                                                                     |  | <b>2</b>  | <b>2</b>  |

|                                                                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA                                                 | 2        | 2        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 2        | 2        |
| <b>31298</b>                                                                                                                                                                    | <b>4</b> | <b>4</b> |
| NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)                                                                       | 4        | 4        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 4        | 4        |
| <b>3129850</b>                                                                                                                                                                  | <b>1</b> | <b>1</b> |
| NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)                                                                       | 1        | 1        |
| OTOLARYNGOLOGY FACIAL                                                                                                                                                           | 1        | 1        |
| <b>31579</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| LARYNGOSCOPY, FLEXIBLE OR RIGID TELESCOPIC, WITH STROBOSCOPY                                                                                                                    | 1        | 1        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 1        | 1        |
| <b>32674</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                               | 1        | 1        |
| CARDIOTHORACIC SURGERY                                                                                                                                                          | 1        | 1        |
| <b>33225</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OF PACEMAKER PULSE GENERATOR (EG, FOR UPGR | 1        | 1        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 1        | 1        |
| <b>33249</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER                                                        | 2        | 2        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 2        | 2        |
| <b>33289</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| TCAT IMPL WRLS P-ART PRS SNR                                                                                                                                                    | 2        | 2        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 1        | 1        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        | 1        |
| <b>33430</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS                                                                                                                          | 1        | 1        |
| VASCULAR SURGERY                                                                                                                                                                | 1        | 1        |
| <b>33533</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT                                                                                                          | 1        | 1        |
| NULL                                                                                                                                                                            | 1        | 1        |
| <b>33670</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE                                                                                                     | 1        | 1        |
| CARDIOTHORACIC SURGERY                                                                                                                                                          | 1        | 1        |
| <b>33945</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY                                                                                                                         | 1        | 1        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 1        | 1        |



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|-----------|
| <b>35301</b>                                                                                                                                                                                   |  | <b>1</b> | <b>1</b>  |
| <b>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;<br/>CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION</b>                                                                        |  | <b>1</b> | <b>1</b>  |
| VASCULAR SURGERY                                                                                                                                                                               |  | 1        | 1         |
| <b>35631</b>                                                                                                                                                                                   |  | <b>1</b> | <b>1</b>  |
| <b>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC,<br/>AORTORENAL</b>                                                                                                        |  | <b>1</b> | <b>1</b>  |
| VASCULAR SURGERY                                                                                                                                                                               |  | 1        | 1         |
| <b>36222</b>                                                                                                                                                                                   |  | <b>1</b> | <b>1</b>  |
| <b>SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY,<br/>UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL<br/>EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOC</b> |  | <b>1</b> | <b>1</b>  |
| PSYCH&NEURO VASCULAR                                                                                                                                                                           |  | 1        | 1         |
| <b>36465</b>                                                                                                                                                                                   |  | <b>2</b> | <b>2</b>  |
| <b>NJX NONCMPND SCLRSNT 1 VEIN</b>                                                                                                                                                             |  | <b>2</b> | <b>2</b>  |
| SPECIALIST                                                                                                                                                                                     |  | 1        | 1         |
| VASCULAR SURGERY                                                                                                                                                                               |  | 1        | 1         |
| <b>36470</b>                                                                                                                                                                                   |  | <b>1</b> | <b>1</b>  |
| <b>INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN</b>                                                                                                                                           |  | <b>1</b> | <b>1</b>  |
| VASCULAR SURGERY                                                                                                                                                                               |  | 1        | 1         |
| <b>36470LT</b>                                                                                                                                                                                 |  | <b>1</b> | <b>1</b>  |
| <b>INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN</b>                                                                                                                                           |  | <b>1</b> | <b>1</b>  |
| VASCULAR SURGERY                                                                                                                                                                               |  | 1        | 1         |
| <b>36471</b>                                                                                                                                                                                   |  | <b>3</b> | <b>3</b>  |
| <b>INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG</b>                                                                                                                              |  | <b>3</b> | <b>3</b>  |
| DERMATOLOGY                                                                                                                                                                                    |  | 1        | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                                           |  | 1        | 1         |
| RADIOLOGY VASCULAR&INTERVENT                                                                                                                                                                   |  | 1        | 1         |
| <b>36475</b>                                                                                                                                                                                   |  | <b>9</b> | <b>10</b> |
| <b>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE<br/>OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,<br/>RADIOFREQUENCY; FIRST VEIN TREATED</b>                  |  | <b>9</b> | <b>10</b> |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                                   |  | 1        | 1         |
| RADIOLOGY VASCULAR&INTERVENT                                                                                                                                                                   |  |          | 1         |
| VASCULAR SURGERY                                                                                                                                                                               |  | 8        | 8         |
| <b>36475RT</b>                                                                                                                                                                                 |  | <b>1</b> | <b>1</b>  |
| <b>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE<br/>OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,<br/>RADIOFREQUENCY; FIRST VEIN TREATED</b>                  |  | <b>1</b> | <b>1</b>  |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                                   |  | 1        | 1         |
| <b>36476</b>                                                                                                                                                                                   |  | <b>2</b> | <b>2</b>  |
| <b>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE<br/>OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,<br/>RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SIN</b> |  | <b>2</b> | <b>2</b>  |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                                   |  | 1        | 1         |

|                                                                                                                                                                                 |          |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| INTERNAL MEDICINE                                                                                                                                                               | 1        |          | 1        |
| <b>36478</b>                                                                                                                                                                    | <b>3</b> |          | <b>3</b> |
| ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED                           | 3        |          | 3        |
| DERMATOLOGY                                                                                                                                                                     | 1        |          | 1        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 2        |          | 2        |
| <b>36478RT</b>                                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED                           | 1        |          | 1        |
| DERMATOLOGY                                                                                                                                                                     | 1        |          | 1        |
| <b>36561</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER                                                             | 1        |          | 1        |
| COLON RECTAL SURGERY                                                                                                                                                            | 1        |          | 1        |
| <b>37241</b>                                                                                                                                                                    | <b>2</b> |          | <b>2</b> |
| VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE I | 2        |          | 2        |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                            | 1        |          | 1        |
| RADIOLOGY                                                                                                                                                                       | 1        |          | 1        |
| <b>37243</b>                                                                                                                                                                    | <b>3</b> | <b>2</b> | <b>5</b> |
| VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE I | 3        | 2        | 5        |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                            | 2        |          | 2        |
| GENERAL SURGERY                                                                                                                                                                 | 1        |          | 1        |
| UROLOGY                                                                                                                                                                         |          | 2        | 2        |
| <b>37722</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW                                                                 | 1        |          | 1        |
| VASCULAR SURGERY                                                                                                                                                                | 1        |          | 1        |
| <b>37761</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG                                                                          | 1        |          | 1        |
| NULL                                                                                                                                                                            | 1        |          | 1        |
| <b>37765</b>                                                                                                                                                                    | <b>4</b> |          | <b>4</b> |
| STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS                                                                                                           | 4        |          | 4        |
| VASCULAR SURGERY                                                                                                                                                                | 4        |          | 4        |
| <b>37766</b>                                                                                                                                                                    | <b>2</b> | <b>1</b> | <b>3</b> |
| STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS                                                                                                         | 2        | 1        | 3        |
| VASCULAR SURGERY                                                                                                                                                                | 2        | 1        | 3        |
| <b>3776650</b>                                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS                                                                                                         | 1        |          | 1        |

|                                                                                                                                                                       |          |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| VASCULAR SURGERY                                                                                                                                                      | 1        | 1        |
| <b>38241</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION                                                                                                       | 1        | 1        |
| NULL                                                                                                                                                                  | 1        | 1        |
| <b>41899</b>                                                                                                                                                          | <b>4</b> | <b>4</b> |
| UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES                                                                                                                          | 4        | 4        |
| GENERAL DENTISTRY                                                                                                                                                     | 2        | 2        |
| NULL                                                                                                                                                                  | 2        | 2        |
| <b>42140</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| UVULECTOMY, EXCISION OF UVULA                                                                                                                                         | 1        | 1        |
| OTOLARYNGOLOGY                                                                                                                                                        | 1        | 1        |
| <b>42699</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS                                                                                                                          | 1        | 1        |
| OTOLARYNGOLOGY                                                                                                                                                        | 1        | 1        |
| <b>42975</b>                                                                                                                                                          | <b>5</b> | <b>5</b> |
| DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION OF VELUM, PHARYNX, TONGUE BASE, AND LARYNX FOR EVALUATION OF SLEEP DISORDERED BREATHING, FLEXIBLE, DIAGNOSTIC   | 5        | 5        |
| OTOLARYNGOLOGY                                                                                                                                                        | 5        | 5        |
| <b>44145</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)                                                                                                     | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                       | 1        | 1        |
| <b>44204</b>                                                                                                                                                          | <b>2</b> | <b>2</b> |
| LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS                                                                                                           | 2        | 2        |
| GENERAL SURGERY                                                                                                                                                       | 2        | 2        |
| <b>44205</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY                                                                          | 1        | 1        |
| COLON RECTAL SURGERY                                                                                                                                                  | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                       | 1        | 1        |
| <b>44213</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE) | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                       | 1        | 1        |
| <b>44227</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS                                                               | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                       | 1        | 1        |
| <b>44626</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |
| CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)                                  | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                       | 1        | 1        |
| <b>45330</b>                                                                                                                                                          | <b>1</b> | <b>1</b> |

|                                                                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)                                            | 1        | 1        |
| COLON RECTAL SURGERY                                                                                                                                                            | 1        | 1        |
| <b>45378</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)                                              |          | 1        |
| IM GATROENTEROLOGY                                                                                                                                                              |          | 1        |
| <b>45400</b>                                                                                                                                                                    | <b>1</b> | <b>2</b> |
| LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)                                                                                                                                | 1        | 2        |
| COLON RECTAL SURGERY                                                                                                                                                            |          | 1        |
| NULL                                                                                                                                                                            | 1        | 1        |
| <b>46270</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS                                                                                                     |          | 1        |
| GENERAL SURGERY                                                                                                                                                                 |          | 1        |
| <b>49320</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)                                | 1        | 1        |
| SURIGCAL ONCOLOGY                                                                                                                                                               | 1        | 1        |
| <b>49329</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM                                                                                                                 | 2        | 2        |
| GENERAL SURGERY                                                                                                                                                                 | 2        | 2        |
| <b>49615</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLAN |          | 1        |
| NULL                                                                                                                                                                            |          | 1        |
| <b>49650</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA                                                                                                                           | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                                 | 1        | 1        |
| <b>49659</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY                                                                                                         | 1        | 1        |
| GENERAL SURGERY                                                                                                                                                                 | 1        | 1        |
| <b>49999</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM                                                                                                                             |          | 1        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       |          | 1        |
| <b>50010</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES                                                                                                                  |          | 1        |
| UROLOGY                                                                                                                                                                         |          | 1        |
| <b>50360</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY                                                                                                 | 1        | 1        |
| TRANSPLANT SURGERY                                                                                                                                                              | 1        | 1        |
| <b>50590</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |

|                                                                                                                                                                                 |  |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|-----------|
| LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE                                                                                                                                          |  | 1        | 1         |
| UROLOGY                                                                                                                                                                         |  | 1        | 1         |
| <b>50949</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| UNLISTED LAPAROSCOPY PROCEDURE, URETER                                                                                                                                          |  | 1        | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       |  | 1        | 1         |
| <b>52442</b>                                                                                                                                                                    |  | <b>2</b> | <b>2</b>  |
| CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT (LIST SEPARATELY IN ADDITION TO C |  | 2        | 2         |
| UROLOGY                                                                                                                                                                         |  | 2        | 2         |
| <b>52649</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/O |  | 1        | 1         |
| UROLOGY                                                                                                                                                                         |  | 1        | 1         |
| <b>54161</b>                                                                                                                                                                    |  | <b>9</b> | <b>10</b> |
| CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE                                                                             |  | 9        | 10        |
| NULL                                                                                                                                                                            |  | 1        | 1         |
| PEDIATRIC UROLOGY                                                                                                                                                               |  | 5        | 5         |
| UROLOGY                                                                                                                                                                         |  | 3        | 4         |
| <b>54405</b>                                                                                                                                                                    |  | <b>1</b> | <b>2</b>  |
| INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR                                                               |  | 1        | 2         |
| UROLOGY                                                                                                                                                                         |  | 1        | 2         |
| <b>54410</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION                                                    |  | 1        | 1         |
| UROLOGY                                                                                                                                                                         |  | 1        | 1         |
| <b>54530</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH                                                                                                                              |  | 1        | 1         |
| UROLOGY                                                                                                                                                                         |  | 1        | 1         |
| <b>55874</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED                                    |  | 1        | 1         |
| UROLOGY                                                                                                                                                                         |  | 1        | 1         |
| <b>55876</b>                                                                                                                                                                    |  | <b>2</b> | <b>2</b>  |
| PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE                   |  | 2        | 2         |
| UROLOGY                                                                                                                                                                         |  | 2        | 2         |
| <b>55899</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| UNLISTED PROCEDURE, MALE GENITAL SYSTEM                                                                                                                                         |  | 1        | 1         |
| UROLOGY                                                                                                                                                                         |  | 1        | 1         |
| <b>57291</b>                                                                                                                                                                    |  | <b>1</b> | <b>1</b>  |
| CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT                                                                                                                                |  | 1        | 1         |

|                                                                                                                                                                                 |           |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       | 1         |          | 1         |
| <b>59610</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE, AFTER PREVIOUS CESAREAN DELIVERY           | 1         |          | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       | 1         |          | 1         |
| <b>60699</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| UNLISTED PROCEDURE, ENDOCRINE SYSTEM                                                                                                                                            | 1         |          | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                            | 1         |          | 1         |
| <b>61711</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES                                                                                        | 1         |          | 1         |
| NEUROLOGICAL SURGERY                                                                                                                                                            | 1         |          | 1         |
| <b>61760</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG-TERM SEIZURE MONITORING                                                                                | 1         |          | 1         |
| SPECIALIST                                                                                                                                                                      | 1         |          | 1         |
| <b>61783</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                                     | 1         |          | 1         |
| PEDIATRIC ORTHOPEDIC SURGERY                                                                                                                                                    | 1         |          | 1         |
| <b>62141</b>                                                                                                                                                                    |           | <b>1</b> | <b>1</b>  |
| CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER                                                                                                                        |           | 1        | 1         |
| NEUROLOGICAL SURGERY                                                                                                                                                            |           | 1        | 1         |
| <b>62321</b>                                                                                                                                                                    | <b>43</b> | <b>2</b> | <b>45</b> |
| INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE | 43        | 2        | 45        |
| ANESTHESIA PAIN MED                                                                                                                                                             | 11        | 1        | 12        |
| NULL                                                                                                                                                                            | 1         |          | 1         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                     | 2         |          | 2         |
| PAIN MANAGEMENT                                                                                                                                                                 | 6         |          | 6         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 9         | 1        | 10        |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                       | 9         |          | 9         |
| PMRE PAIN MEDICINE                                                                                                                                                              | 5         |          | 5         |
| <b>62322</b>                                                                                                                                                                    | <b>2</b>  |          | <b>2</b>  |
| INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE | 2         |          | 2         |
| FAMILY PRACTICE                                                                                                                                                                 | 1         |          | 1         |
| PEDIATRIC UROLOGY                                                                                                                                                               | 1         |          | 1         |
| <b>62323</b>                                                                                                                                                                    | <b>56</b> |          | <b>56</b> |
| INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE | 56        |          | 56        |
| ANESTHESIA PAIN MED                                                                                                                                                             | 9         |          | 9         |
| FAMILY PRACTICE                                                                                                                                                                 | 1         |          | 1         |
| NEUROLOGICAL SURGERY                                                                                                                                                            | 3         |          | 3         |

|                                                                                                                                                                                        |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 10        | 10        |
| PAIN MANAGEMENT                                                                                                                                                                        | 4         | 4         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 12        | 12        |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 13        | 13        |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 4         | 4         |
| <b>6232350</b>                                                                                                                                                                         | <b>1</b>  | <b>1</b>  |
| <b>INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE</b> | <b>1</b>  | <b>1</b>  |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         | 1         |
| <b>63030</b>                                                                                                                                                                           | <b>12</b> | <b>12</b> |
| <b>LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE,</b>  | <b>12</b> | <b>12</b> |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 5         | 5         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 5         | 5         |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 2         | 2         |
| <b>6303050</b>                                                                                                                                                                         | <b>1</b>  | <b>1</b>  |
| <b>LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE,</b>  | <b>1</b>  | <b>1</b>  |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 1         | 1         |
| <b>63042</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION,</b> | <b>1</b>  | <b>1</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         | 1         |
| <b>63045</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>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</b> | <b>1</b>  | <b>1</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         | 1         |
| <b>63047</b>                                                                                                                                                                           | <b>4</b>  | <b>5</b>  |
| <b>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</b> | <b>4</b>  | <b>5</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 4         | 5         |
| <b>63056LT</b>                                                                                                                                                                         | <b>1</b>  | <b>1</b>  |
| <b>TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LA</b> | <b>1</b>  | <b>1</b>  |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                            | 1         | 1         |
| <b>63271</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; THORACIC</b>                                                                                        | <b>1</b>  | <b>1</b>  |

|                                                                                                                                                                                        |           |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         |          |          | 1         |
| <b>63650</b>                                                                                                                                                                           | <b>12</b> | <b>2</b> | <b>1</b> | <b>15</b> |
| <b>PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL</b>                                                                                                          | <b>12</b> | <b>2</b> | <b>1</b> | <b>15</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 3         |          | 1        | 4         |
| PAIN MANAGEMENT                                                                                                                                                                        | 3         |          |          | 3         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 5         | 2        |          | 7         |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         |          |          | 1         |
| <b>63655</b>                                                                                                                                                                           | <b>2</b>  |          |          | <b>2</b>  |
| <b>LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL</b>                                                                                              | <b>2</b>  |          |          | <b>2</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 2         |          |          | 2         |
| <b>63663</b>                                                                                                                                                                           |           | <b>1</b> |          | <b>1</b>  |
| <b>REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED</b>                                |           |          | <b>1</b> | <b>1</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    |           |          | 1        | 1         |
| <b>63664</b>                                                                                                                                                                           | <b>1</b>  |          |          | <b>1</b>  |
| <b>REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED</b> | <b>1</b>  |          |          | <b>1</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         |          |          | 1         |
| <b>63685</b>                                                                                                                                                                           | <b>3</b>  | <b>1</b> |          | <b>4</b>  |
| <b>INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER</b> | <b>3</b>  | <b>1</b> |          | <b>4</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 2         | 1        |          | 3         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1         |          |          | 1         |
| <b>63688</b>                                                                                                                                                                           | <b>1</b>  |          |          | <b>1</b>  |
| <b>REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY</b>                                              | <b>1</b>  |          |          | <b>1</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         |          |          | 1         |
| <b>64451</b>                                                                                                                                                                           | <b>1</b>  |          |          | <b>1</b>  |
| <b>INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)</b>                         | <b>1</b>  |          |          | <b>1</b>  |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1         |          |          | 1         |
| <b>64451LT</b>                                                                                                                                                                         | <b>1</b>  |          |          | <b>1</b>  |
| <b>INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)</b>                         | <b>1</b>  |          |          | <b>1</b>  |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1         |          |          | 1         |
| <b>64454</b>                                                                                                                                                                           |           | <b>1</b> | <b>3</b> | <b>4</b>  |
| <b>INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED</b>                                                          |           | <b>1</b> | <b>3</b> | <b>4</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                                     |           |          | 1        | 1         |
| PAIN MANAGEMENT                                                                                                                                                                        |           |          | 1        | 1         |



|                                                                                                                                                       |           |          |   |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---|-----------|
| PAIN MEDICINE INTERVENTIONAL                                                                                                                          |           | 1        | 1 | 2         |
| <b>64454RT</b>                                                                                                                                        | <b>1</b>  |          |   | <b>1</b>  |
| INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED                                | 1         |          |   | 1         |
| ANESTHESIA PAIN MED                                                                                                                                   | 1         |          |   | 1         |
| <b>64479</b>                                                                                                                                          | <b>3</b>  | <b>1</b> |   | <b>4</b>  |
| INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL | 3         | 1        |   | 4         |
| PAIN MANAGEMENT                                                                                                                                       | 1         | 1        |   | 2         |
| PHYSICAL MEDICINE & REHAB                                                                                                                             | 1         |          |   | 1         |
| PMRE PAIN MEDICINE                                                                                                                                    | 1         |          |   | 1         |
| <b>64483</b>                                                                                                                                          | <b>81</b> | <b>3</b> |   | <b>84</b> |
| INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL     | 81        | 3        |   | 84        |
| ANESTHESIA PAIN MED                                                                                                                                   | 12        |          |   | 12        |
| NULL                                                                                                                                                  | 1         |          |   | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                    | 1         |          |   | 1         |
| PAIN MANAGEMENT                                                                                                                                       | 12        |          |   | 12        |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                          | 12        | 1        |   | 13        |
| PHYSICAL MEDICINE & REHAB                                                                                                                             | 39        | 2        |   | 41        |
| PMRE PAIN MEDICINE                                                                                                                                    | 4         |          |   | 4         |
| <b>6448350</b>                                                                                                                                        | <b>13</b> |          |   | <b>13</b> |
| INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL     | 13        |          |   | 13        |
| ANESTHESIA PAIN MED                                                                                                                                   | 1         |          |   | 1         |
| NULL                                                                                                                                                  | 1         |          |   | 1         |
| PAIN MANAGEMENT                                                                                                                                       | 3         |          |   | 3         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                          | 2         |          |   | 2         |
| PHYSICAL MEDICINE & REHAB                                                                                                                             | 5         |          |   | 5         |
| PMRE PAIN MEDICINE                                                                                                                                    | 1         |          |   | 1         |
| <b>64483LT</b>                                                                                                                                        | <b>9</b>  |          |   | <b>9</b>  |
| INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL     | 9         |          |   | 9         |
| ANESTHESIA PAIN MED                                                                                                                                   | 2         |          |   | 2         |
| PAIN MANAGEMENT                                                                                                                                       | 2         |          |   | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                          | 3         |          |   | 3         |
| PHYSICAL MEDICINE & REHAB                                                                                                                             | 2         |          |   | 2         |
| <b>64483RT</b>                                                                                                                                        | <b>7</b>  |          |   | <b>7</b>  |
| INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL     | 7         |          |   | 7         |
| PAIN MANAGEMENT                                                                                                                                       | 2         |          |   | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                          | 2         |          |   | 2         |
| PHYSICAL MEDICINE & REHAB                                                                                                                             | 2         |          |   | 2         |

|                                                                                                                                                                                        |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         | 1         |
| <b>64484</b>                                                                                                                                                                           | <b>22</b> | <b>22</b> |
| <b>INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN</b>  | <b>22</b> | <b>22</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 6         | 6         |
| PAIN MANAGEMENT                                                                                                                                                                        | 3         | 3         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 5         | 5         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 6         | 6         |
| PMRE SPINAL CORD INJURY MED                                                                                                                                                            | 2         | 2         |
| <b>6448450</b>                                                                                                                                                                         | <b>2</b>  | <b>2</b>  |
| <b>INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN</b>  | <b>2</b>  | <b>2</b>  |
| PAIN MANAGEMENT                                                                                                                                                                        | 1         | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         | 1         |
| <b>64484RT</b>                                                                                                                                                                         | <b>5</b>  | <b>5</b>  |
| <b>INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN</b>  | <b>5</b>  | <b>5</b>  |
| PAIN MANAGEMENT                                                                                                                                                                        | 1         | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 3         | 3         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         | 1         |
| <b>64486</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)</b>                    | <b>1</b>  | <b>1</b>  |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         | 1         |
| <b>64490</b>                                                                                                                                                                           | <b>20</b> | <b>20</b> |
| <b>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL O</b> | <b>20</b> | <b>20</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1         | 1         |
| NULL                                                                                                                                                                                   | 1         | 1         |
| PAIN MANAGEMENT                                                                                                                                                                        | 4         | 4         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 10        | 10        |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 4         | 4         |
| <b>6449050</b>                                                                                                                                                                         | <b>5</b>  | <b>5</b>  |
| <b>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL O</b> | <b>5</b>  | <b>5</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1         | 1         |
| PAIN MANAGEMENT                                                                                                                                                                        | 1         | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 3         | 3         |
| <b>64491</b>                                                                                                                                                                           | <b>9</b>  | <b>9</b>  |

|                                                                                                                                                                                 |           |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL O | 9         |          | 9         |
| ANESTHESIA PAIN MED                                                                                                                                                             | 2         |          | 2         |
| PAIN MANAGEMENT                                                                                                                                                                 | 2         |          | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 4         |          | 4         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                       | 1         |          | 1         |
| <b>6449150</b>                                                                                                                                                                  | <b>6</b>  |          | <b>6</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL O | 6         |          | 6         |
| ANESTHESIA PAIN MED                                                                                                                                                             | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                 | 3         |          | 3         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 2         |          | 2         |
| <b>64492</b>                                                                                                                                                                    | <b>3</b>  |          | <b>3</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL O | 3         |          | 3         |
| ANESTHESIA PAIN MED                                                                                                                                                             | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                 | 1         |          | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 1         |          | 1         |
| <b>6449250</b>                                                                                                                                                                  | <b>4</b>  |          | <b>4</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL O | 4         |          | 4         |
| ANESTHESIA PAIN MED                                                                                                                                                             | 1         |          | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 3         |          | 3         |
| <b>64493</b>                                                                                                                                                                    | <b>21</b> | <b>1</b> | <b>22</b> |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR  | 21        | 1        | 22        |
| ANESTHESIA PAIN MED                                                                                                                                                             | 1         |          | 1         |
| NULL                                                                                                                                                                            | 2         |          | 2         |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 2         |          | 2         |
| PAIN MANAGEMENT                                                                                                                                                                 | 4         |          | 4         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    | 4         |          | 4         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                       | 7         |          | 7         |
| PMRE PAIN MEDICINE                                                                                                                                                              | 1         | 1        | 2         |
| <b>6449350</b>                                                                                                                                                                  | <b>18</b> |          | <b>18</b> |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR  | 18        |          | 18        |
| ANESTHESIA PAIN MED                                                                                                                                                             | 4         |          | 4         |
| NULL                                                                                                                                                                            | 1         |          | 1         |

|                                                                                                                                                                                |           |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                    | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                | 4         |          | 4         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                   | 4         |          | 4         |
| PMRE PAIN MEDICINE                                                                                                                                                             | 4         |          | 4         |
| <b>64493RT</b>                                                                                                                                                                 | <b>3</b>  |          | <b>3</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR | 3         |          | 3         |
| IM PULMONOLOGY                                                                                                                                                                 | 1         |          | 1         |
| NULL                                                                                                                                                                           | 1         |          | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                             | 1         |          | 1         |
| <b>64494</b>                                                                                                                                                                   | <b>21</b> | <b>1</b> | <b>22</b> |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR | 21        | 1        | 22        |
| ANESTHESIA PAIN MED                                                                                                                                                            | 3         |          | 3         |
| PAIN MANAGEMENT                                                                                                                                                                | 3         |          | 3         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                   | 8         |          | 8         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                      | 5         |          | 5         |
| PMRE PAIN MEDICINE                                                                                                                                                             | 1         | 1        | 2         |
| STUDENT IN ORGANIZED CARE                                                                                                                                                      | 1         |          | 1         |
| <b>6449450</b>                                                                                                                                                                 | <b>8</b>  |          | <b>8</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR | 8         |          | 8         |
| ANESTHESIA PAIN MED                                                                                                                                                            | 2         |          | 2         |
| PAIN MANAGEMENT                                                                                                                                                                | 1         |          | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                   | 3         |          | 3         |
| PMRE PAIN MEDICINE                                                                                                                                                             | 1         |          | 1         |
| PMRE SPINAL CORD INJURY MED                                                                                                                                                    | 1         |          | 1         |
| <b>64494RT</b>                                                                                                                                                                 | <b>1</b>  |          | <b>1</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR | 1         |          | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                             | 1         |          | 1         |
| <b>64495</b>                                                                                                                                                                   | <b>2</b>  |          | <b>2</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR | 2         |          | 2         |
| ANESTHESIA PAIN MED                                                                                                                                                            | 2         |          | 2         |
| <b>6449550</b>                                                                                                                                                                 | <b>2</b>  |          | <b>2</b>  |
| INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR | 2         |          | 2         |

|                                                                                                                                                                                        |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1         | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         | 1         |
| <b>64520</b>                                                                                                                                                                           | <b>6</b>  | <b>6</b>  |
| <b>INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)</b>                                                                                                     | <b>6</b>  | <b>6</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 3         | 3         |
| PAIN MANAGEMENT                                                                                                                                                                        | 1         | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1         | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         | 1         |
| <b>6452050</b>                                                                                                                                                                         | <b>2</b>  | <b>2</b>  |
| <b>INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)</b>                                                                                                     | <b>2</b>  | <b>2</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1         | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         | 1         |
| <b>64520LT</b>                                                                                                                                                                         | <b>1</b>  | <b>1</b>  |
| <b>INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)</b>                                                                                                     | <b>1</b>  | <b>1</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1         | 1         |
| <b>64561</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED</b>                                    | <b>1</b>  | <b>1</b>  |
| UROLOGY                                                                                                                                                                                | 1         | 1         |
| <b>64566</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING</b>                                                                        | <b>1</b>  | <b>1</b>  |
| UROLOGY                                                                                                                                                                                | 1         | 1         |
| <b>64581</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)</b>                                                                           | <b>1</b>  | <b>1</b>  |
| UROLOGY                                                                                                                                                                                | 1         | 1         |
| <b>64582</b>                                                                                                                                                                           | <b>2</b>  | <b>2</b>  |
| <b>OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY</b>                                       | <b>2</b>  | <b>2</b>  |
| OTOLARYNGOLOGY                                                                                                                                                                         | 2         | 2         |
| <b>64590</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PU</b> | <b>1</b>  | <b>1</b>  |
| UROLOGY                                                                                                                                                                                | 1         | 1         |
| <b>64595</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b>  |
| <b>REVISION OR REMOVAL OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY</b>                                | <b>1</b>  | <b>1</b>  |
| UROLOGY                                                                                                                                                                                | 1         | 1         |
| <b>64615</b>                                                                                                                                                                           | <b>12</b> | <b>12</b> |

|                                                                                                                                                                                        |           |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| <b>CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)</b>                           | <b>12</b> |          | <b>12</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                                              | 1         |          | 1         |
| GENERAL SURGERY                                                                                                                                                                        | 1         |          | 1         |
| IM SLEEP MEDICINE                                                                                                                                                                      | 2         |          | 2         |
| NEUROLOGY                                                                                                                                                                              | 6         |          | 6         |
| PLASTIC SURGERY                                                                                                                                                                        | 2         |          | 2         |
| <b>64624</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED</b>                                                                            | <b>1</b>  | <b>1</b> | <b>2</b>  |
| PAIN MANAGEMENT                                                                                                                                                                        | 1         | 1        | 2         |
| <b>64628</b>                                                                                                                                                                           |           | <b>1</b> | <b>1</b>  |
| <b>THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL</b>                                             |           | <b>1</b> | <b>1</b>  |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           |           | 1        | 1         |
| <b>64633</b>                                                                                                                                                                           | <b>13</b> |          | <b>13</b> |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT</b>                        | <b>13</b> |          | <b>13</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 3         |          | 3         |
| PAIN MANAGEMENT                                                                                                                                                                        | 8         |          | 8         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1         |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         |          | 1         |
| <b>6463350</b>                                                                                                                                                                         | <b>7</b>  |          | <b>7</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT</b>                        | <b>7</b>  |          | <b>7</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                        | 2         |          | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 4         |          | 4         |
| <b>64633RT</b>                                                                                                                                                                         | <b>1</b>  |          | <b>1</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT</b>                        | <b>1</b>  |          | <b>1</b>  |
| PAIN MANAGEMENT                                                                                                                                                                        | 1         |          | 1         |
| <b>6463450</b>                                                                                                                                                                         |           | <b>1</b> | <b>1</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARAT</b> |           | <b>1</b> | <b>1</b>  |
| PAIN MANAGEMENT                                                                                                                                                                        |           | 1        | 1         |
| <b>64634LT</b>                                                                                                                                                                         | <b>1</b>  |          | <b>1</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARAT</b> | <b>1</b>  |          | <b>1</b>  |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         |          | 1         |
| <b>64635</b>                                                                                                                                                                           | <b>21</b> | <b>1</b> | <b>22</b> |

|                                                                                                                                                                                       |           |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT</b>                           | <b>21</b> | <b>1</b> | <b>22</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                   | 7         |          | 7         |
| PAIN MANAGEMENT                                                                                                                                                                       | 8         | 1        | 9         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                          | 3         |          | 3         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                             | 1         |          | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                                    | 2         |          | 2         |
| <b>6463550</b>                                                                                                                                                                        | <b>17</b> |          | <b>17</b> |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT</b>                           | <b>17</b> |          | <b>17</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                   | 8         |          | 8         |
| NEUROMUSCULOSKELETAL MED                                                                                                                                                              | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                       | 4         |          | 4         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                          | 1         |          | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                                    | 2         |          | 2         |
| SPECIALIST                                                                                                                                                                            | 1         |          | 1         |
| <b>64635BL</b>                                                                                                                                                                        | <b>1</b>  |          | <b>1</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT</b>                           | <b>1</b>  |          | <b>1</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                   | 1         |          | 1         |
| <b>64635LT</b>                                                                                                                                                                        | <b>3</b>  |          | <b>3</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT</b>                           | <b>3</b>  |          | <b>3</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                   | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                       | 1         |          | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                          | 1         |          | 1         |
| <b>64635RT</b>                                                                                                                                                                        | <b>1</b>  |          | <b>1</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT</b>                           | <b>1</b>  |          | <b>1</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                   | 1         |          | 1         |
| <b>64636</b>                                                                                                                                                                          | <b>7</b>  |          | <b>7</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY</b> | <b>7</b>  |          | <b>7</b>  |
| NULL                                                                                                                                                                                  | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                       | 3         |          | 3         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                             | 1         |          | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                                    | 2         |          | 2         |
| <b>6463650</b>                                                                                                                                                                        | <b>5</b>  |          | <b>5</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY</b> | <b>5</b>  |          | <b>5</b>  |
| ANESTHESIA PAIN MED                                                                                                                                                                   | 2         |          | 2         |

|                                                                                                                                                                                       |           |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| PHYSICAL MEDICINE & REHAB                                                                                                                                                             | 2         |          |          | 2         |
| PMRE PAIN MEDICINE                                                                                                                                                                    | 1         |          |          | 1         |
| <b>64636RT</b>                                                                                                                                                                        | <b>1</b>  |          |          | <b>1</b>  |
| <b>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY</b> | <b>1</b>  |          |          | <b>1</b>  |
| PAIN MANAGEMENT                                                                                                                                                                       | 1         |          |          | 1         |
| <b>64721</b>                                                                                                                                                                          | <b>16</b> | <b>1</b> | <b>4</b> | <b>21</b> |
| <b>NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL</b>                                                                                                                | <b>16</b> | <b>1</b> | <b>4</b> | <b>21</b> |
| GENERAL SURGERY                                                                                                                                                                       | 7         | 1        | 1        | 9         |
| HAND SURGERY                                                                                                                                                                          | 3         |          |          | 3         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                                                                        | 1         |          |          | 1         |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                               | 1         |          |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                                    | 4         |          | 2        | 6         |
| PLASTIC SURGERY                                                                                                                                                                       |           |          | 1        | 1         |
| <b>6472150</b>                                                                                                                                                                        | <b>2</b>  |          |          | <b>2</b>  |
| <b>NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL</b>                                                                                                                | <b>2</b>  |          |          | <b>2</b>  |
| GENERAL SURGERY                                                                                                                                                                       | 1         |          |          | 1         |
| HAND SURGERY                                                                                                                                                                          | 1         |          |          | 1         |
| <b>64721LT</b>                                                                                                                                                                        | <b>2</b>  |          | <b>1</b> | <b>3</b>  |
| <b>NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL</b>                                                                                                                | <b>2</b>  |          | <b>1</b> | <b>3</b>  |
| GENERAL SURGERY                                                                                                                                                                       | 1         |          |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                                    | 1         |          | 1        | 2         |
| <b>64721RT</b>                                                                                                                                                                        | <b>4</b>  |          |          | <b>4</b>  |
| <b>NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL</b>                                                                                                                | <b>4</b>  |          |          | <b>4</b>  |
| GENERAL SURGERY                                                                                                                                                                       | 1         |          |          | 1         |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                               | 1         |          |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                                    | 1         |          |          | 1         |
| PLASTIC SURGERY                                                                                                                                                                       | 1         |          |          | 1         |
| <b>64912</b>                                                                                                                                                                          | <b>3</b>  |          |          | <b>3</b>  |
| <b>NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)</b>                                                                                                           | <b>3</b>  |          |          | <b>3</b>  |
| PLASTIC SURGERY                                                                                                                                                                       | 3         |          |          | 3         |
| <b>64999</b>                                                                                                                                                                          | <b>1</b>  |          |          | <b>1</b>  |
| <b>UNLISTED PROCEDURE, NERVOUS SYSTEM</b>                                                                                                                                             | <b>1</b>  |          |          | <b>1</b>  |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                          | 1         |          |          | 1         |
| <b>65420</b>                                                                                                                                                                          | <b>1</b>  |          |          | <b>1</b>  |
| <b>EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT</b>                                                                                                                          | <b>1</b>  |          |          | <b>1</b>  |
| OPHTHALMOLOGY                                                                                                                                                                         | 1         |          |          | 1         |
| <b>66174</b>                                                                                                                                                                          | <b>2</b>  |          |          | <b>2</b>  |
| <b>TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT</b>                                                                                           | <b>2</b>  |          |          | <b>2</b>  |
| OPHTHALMOLOGY                                                                                                                                                                         | 2         |          |          | 2         |
| <b>66174LT</b>                                                                                                                                                                        | <b>1</b>  |          |          | <b>1</b>  |



|                                                                                                                                                                                 |          |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT                                                                                            | 1        |          | 1        |
| OPHTHALMOLOGY                                                                                                                                                                   | 1        |          | 1        |
| <b>66174RT</b>                                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT                                                                                            | 1        |          | 1        |
| OPHTHALMOLOGY GLAUCOMA SPECIAL                                                                                                                                                  | 1        |          | 1        |
| <b>66821</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)                        |          | 1        | 1        |
| OPHTHALMOLOGY                                                                                                                                                                   |          | 1        | 1        |
| <b>66984</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIF | 1        |          | 1        |
| OPTOMETRY                                                                                                                                                                       | 1        |          | 1        |
| <b>67028</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)                                                                                                            |          | 1        | 1        |
| OPHTHALMOLOGY                                                                                                                                                                   |          | 1        | 1        |
| <b>67903</b>                                                                                                                                                                    | <b>3</b> |          | <b>3</b> |
| REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH                                                                                           | 3        |          | 3        |
| OPHTHALMOLOGY                                                                                                                                                                   | 3        |          | 3        |
| <b>67904</b>                                                                                                                                                                    | <b>4</b> | <b>1</b> | <b>5</b> |
| REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH                                                                                           | 4        | 1        | 5        |
| OPHTHALMOLOGY                                                                                                                                                                   | 4        | 1        | 5        |
| <b>6790450</b>                                                                                                                                                                  | <b>2</b> |          | <b>2</b> |
| REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH                                                                                           | 2        |          | 2        |
| OPHTHALMIC PLASTIC & RECON SURG                                                                                                                                                 | 1        |          | 1        |
| OPHTHALMOLOGY                                                                                                                                                                   | 1        |          | 1        |
| <b>67911LT</b>                                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| CORRECTION OF LID RETRACTION                                                                                                                                                    | 1        |          | 1        |
| OPHTHALMOLOGY                                                                                                                                                                   | 1        |          | 1        |
| <b>67915</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> | <b>2</b> |
| REPAIR OF ECTROPION; THERMOCAUTERIZATION                                                                                                                                        | 1        | 1        | 2        |
| OPHTHALMOLOGY                                                                                                                                                                   | 1        | 1        | 2        |
| <b>67950RT</b>                                                                                                                                                                  | <b>1</b> |          | <b>1</b> |
| CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)                                                                                                                                        | 1        |          | 1        |
| OPHTHALMOLOGY                                                                                                                                                                   | 1        |          | 1        |
| <b>69799</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| UNLISTED PROCEDURE, MIDDLE EAR                                                                                                                                                  | 1        |          | 1        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 1        |          | 1        |
| <b>69930</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY                                                                                                                     |          | 1        | 1        |

|                                                                                                                             |           |          |          |           |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| NULL                                                                                                                        |           | 1        |          | 1         |
| <b>70336</b>                                                                                                                | <b>3</b>  |          |          | <b>3</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)</b>                                                  | <b>3</b>  |          |          | <b>3</b>  |
| NULL                                                                                                                        | 1         |          |          | 1         |
| OTOLARYNGOLOGY                                                                                                              | 1         |          |          | 1         |
| SPECIALTY DENTISTRY                                                                                                         | 1         |          |          | 1         |
| <b>70450</b>                                                                                                                | <b>52</b> | <b>2</b> | <b>2</b> | <b>56</b> |
| <b>COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL</b>                                                        | <b>52</b> | <b>2</b> | <b>2</b> | <b>56</b> |
| CLINICAL NURSE SPECIALIST                                                                                                   | 1         |          | 1        | 2         |
| FAMILY PRACTICE                                                                                                             | 21        |          |          | 21        |
| IM ALLERGY & IMMUNOLOGY                                                                                                     |           | 1        |          | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                   | 2         |          |          | 2         |
| IM GERIATRIC MED                                                                                                            | 1         |          |          | 1         |
| INTERNAL MEDICINE                                                                                                           | 10        |          |          | 10        |
| NEUROLOGICAL SURGERY                                                                                                        | 2         |          | 1        | 3         |
| NEUROLOGY                                                                                                                   | 2         |          |          | 2         |
| NURSE PRACTITIONER                                                                                                          | 7         |          |          | 7         |
| PHYSICIAN ASSISTANT                                                                                                         | 4         | 1        |          | 5         |
| PLASTIC SURGERY                                                                                                             | 1         |          |          | 1         |
| PLASTIC SURGERY HEAD & NECK                                                                                                 | 1         |          |          | 1         |
| <b>70460</b>                                                                                                                | <b>3</b>  |          |          | <b>3</b>  |
| <b>COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)</b>                                                        | <b>3</b>  |          |          | <b>3</b>  |
| FAMILY PRACTICE                                                                                                             | 2         |          |          | 2         |
| NEUROLOGY                                                                                                                   | 1         |          |          | 1         |
| <b>70470</b>                                                                                                                | <b>14</b> |          | <b>2</b> | <b>16</b> |
| <b>COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b> | <b>14</b> |          | <b>2</b> | <b>16</b> |
| FAMILY PRACTICE                                                                                                             | 2         |          |          | 2         |
| GENERAL PRACTICE                                                                                                            | 1         |          |          | 1         |
| IM INFECTIOUS DISEASE                                                                                                       | 1         |          |          | 1         |
| IM MEDICAL ONCOLOGY                                                                                                         | 2         |          |          | 2         |
| INTERNAL MEDICINE                                                                                                           | 1         |          | 1        | 2         |
| NEUROLOGY                                                                                                                   | 2         |          |          | 2         |
| NULL                                                                                                                        | 1         |          |          | 1         |
| NURSE PRACTITIONER                                                                                                          | 4         |          |          | 4         |
| PHYSICIAN ASSISTANT                                                                                                         |           |          | 1        | 1         |
| <b>70480</b>                                                                                                                | <b>13</b> |          |          | <b>13</b> |
| <b>COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL</b>      | <b>13</b> |          |          | <b>13</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                        | 1         |          |          | 1         |
| FAMILY PRACTICE                                                                                                             | 1         |          |          | 1         |
| NEUROLOGY                                                                                                                   | 1         |          |          | 1         |
| NURSE PRACTITIONER                                                                                                          | 1         |          |          | 1         |
| OTOLARYNGOLOGY                                                                                                              | 8         |          |          | 8         |

|                                                                                                                                                                               |            |          |          |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|------------|
| PHYSICIAN ASSISTANT                                                                                                                                                           | 1          |          |          | 1          |
| <b>70481</b>                                                                                                                                                                  | <b>2</b>   |          |          | <b>2</b>   |
| <b>COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)</b>                                                        | <b>2</b>   |          |          | <b>2</b>   |
| FAMILY PRACTICE                                                                                                                                                               | 2          |          |          | 2          |
| <b>70482</b>                                                                                                                                                                  | <b>1</b>   |          |          | <b>1</b>   |
| <b>COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b> | <b>1</b>   |          |          | <b>1</b>   |
| OTOLARYNGOLOGY                                                                                                                                                                | 1          |          |          | 1          |
| <b>70486</b>                                                                                                                                                                  | <b>128</b> | <b>4</b> | <b>1</b> | <b>133</b> |
| <b>COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL</b>                                                                                                     | <b>128</b> | <b>4</b> | <b>1</b> | <b>133</b> |
| ALLERGY & IMMUNOLOGY                                                                                                                                                          | 1          |          |          | 1          |
| FAMILY PRACTICE                                                                                                                                                               | 4          |          | 1        | 5          |
| IM PULMONOLOGY                                                                                                                                                                | 1          |          |          | 1          |
| IM SLEEP MEDICINE                                                                                                                                                             | 2          | 1        |          | 3          |
| INTERNAL MEDICINE                                                                                                                                                             | 1          |          |          | 1          |
| NULL                                                                                                                                                                          | 4          | 2        |          | 6          |
| NURSE PRACTITIONER                                                                                                                                                            | 3          |          |          | 3          |
| OTOLARYNGOLOGY                                                                                                                                                                | 77         | 1        |          | 78         |
| OTOLARYNGOLOGY FACIAL                                                                                                                                                         | 25         |          |          | 25         |
| PEDIATRIC                                                                                                                                                                     | 1          |          |          | 1          |
| PEDIATRIC OTOLARYNOGODOLOGY                                                                                                                                                   | 1          |          |          | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                           | 7          |          |          | 7          |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                   | 1          |          |          | 1          |
| <b>70487</b>                                                                                                                                                                  | <b>1</b>   |          |          | <b>1</b>   |
| <b>COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)</b>                                                                                                     | <b>1</b>   |          |          | <b>1</b>   |
| INTERNAL MEDICINE                                                                                                                                                             | 1          |          |          | 1          |
| <b>70488</b>                                                                                                                                                                  |            | <b>1</b> |          | <b>1</b>   |
| <b>COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b>                                              |            |          | <b>1</b> | <b>1</b>   |
| NULL                                                                                                                                                                          |            |          | 1        | 1          |
| <b>70490</b>                                                                                                                                                                  | <b>2</b>   |          |          | <b>2</b>   |
| <b>COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL</b>                                                                                                       | <b>2</b>   |          |          | <b>2</b>   |
| IM PULMONOLOGY                                                                                                                                                                | 1          |          |          | 1          |
| OTOLARYNGOLOGY                                                                                                                                                                | 1          |          |          | 1          |
| <b>70491</b>                                                                                                                                                                  | <b>58</b>  |          | <b>2</b> | <b>60</b>  |
| <b>COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)</b>                                                                                                       | <b>58</b>  |          | <b>2</b> | <b>60</b>  |
| FAMILY PRACTICE                                                                                                                                                               | 4          |          | 1        | 5          |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                        | 12         |          |          | 12         |
| IM INFECTIOUS DISEASE                                                                                                                                                         | 1          |          |          | 1          |
| IM MEDICAL ONCOLOGY                                                                                                                                                           | 4          |          |          | 4          |
| INTERNAL MEDICINE                                                                                                                                                             | 6          |          |          | 6          |
| NULL                                                                                                                                                                          | 2          |          |          | 2          |

|                                                                                                                                                                |           |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| NURSE PRACTITIONER                                                                                                                                             | 2         | 1        | 3         |
| OTOLARYNGOLOGY                                                                                                                                                 | 16        |          | 16        |
| OTOLARYNGOLOGY FACIAL                                                                                                                                          | 3         |          | 3         |
| PHYSICIAN ASSISTANT                                                                                                                                            | 5         |          | 5         |
| RADIATION ONCOLOGY                                                                                                                                             | 3         |          | 3         |
| <b>70492</b>                                                                                                                                                   | <b>2</b>  |          | <b>2</b>  |
| <b>COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b>                                  | <b>2</b>  |          | <b>2</b>  |
| GENERAL SURGERY                                                                                                                                                | 1         |          | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                            | 1         |          | 1         |
| <b>70496</b>                                                                                                                                                   | <b>20</b> | <b>1</b> | <b>21</b> |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING</b>                 | <b>20</b> | <b>1</b> | <b>21</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                      | 1         |          | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                                                                           | 1         |          | 1         |
| INTERNAL MEDICINE                                                                                                                                              | 2         |          | 2         |
| NEUROLOGICAL SURGERY                                                                                                                                           | 4         |          | 4         |
| NEUROLOGY                                                                                                                                                      | 9         |          | 9         |
| NURSE PRACTITIONER                                                                                                                                             | 1         |          | 1         |
| OTOLARYNGOLOGY                                                                                                                                                 | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                            |           | 1        | 1         |
| PLASTIC SURGERY                                                                                                                                                | 1         |          | 1         |
| <b>70498</b>                                                                                                                                                   | <b>2</b>  |          | <b>2</b>  |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING</b>                 | <b>2</b>  |          | <b>2</b>  |
| IM INTERVENTIONAL RADIOLOGY                                                                                                                                    | 1         |          | 1         |
| NEUROLOGY                                                                                                                                                      | 1         |          | 1         |
| <b>70543</b>                                                                                                                                                   | <b>27</b> | <b>1</b> | <b>28</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>27</b> | <b>1</b> | <b>28</b> |
| FAMILY PRACTICE                                                                                                                                                | 1         | 1        | 2         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                         | 1         |          | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                            | 5         |          | 5         |
| NEUROLOGY                                                                                                                                                      | 3         |          | 3         |
| NURSE PRACTITIONER                                                                                                                                             | 3         |          | 3         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                      | 1         |          | 1         |
| OPHTHALMOLOGY                                                                                                                                                  | 3         |          | 3         |
| OTOLARYNGOLOGY                                                                                                                                                 | 6         |          | 6         |
| PHYSICIAN ASSISTANT                                                                                                                                            | 1         |          | 1         |
| RADIATION ONCOLOGY                                                                                                                                             | 1         |          | 1         |
| SPECIALTY DENTISTRY                                                                                                                                            | 1         |          | 1         |
| VASCULAR SURGERY                                                                                                                                               | 1         |          | 1         |
| <b>70544</b>                                                                                                                                                   | <b>5</b>  |          | <b>5</b>  |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)</b>                                                                                      | <b>5</b>  |          | <b>5</b>  |

|                                                                                                                                   |           |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| FAMILY PRACTICE                                                                                                                   | 2         |          | 2         |
| IM CARDIOVASCULAR DISEASE                                                                                                         | 1         |          | 1         |
| NEUROLOGICAL SURGERY                                                                                                              | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                               | 1         |          | 1         |
| <b>70545</b>                                                                                                                      | <b>13</b> | <b>1</b> | <b>14</b> |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)</b>                                                            | <b>13</b> | <b>1</b> | <b>14</b> |
| CLINICAL NURSE SPECIALIST                                                                                                         | 1         |          | 1         |
| FAMILY PRACTICE                                                                                                                   | 3         | 1        | 4         |
| INTERNAL MEDICINE                                                                                                                 | 2         |          | 2         |
| NEUROLOGICAL SURGERY                                                                                                              | 1         |          | 1         |
| NEUROLOGY                                                                                                                         | 1         |          | 1         |
| OTOLARYNGOLOGY                                                                                                                    | 2         |          | 2         |
| PHYSICIAN ASSISTANT                                                                                                               | 2         |          | 2         |
| PSYCH&NEURO VASCULAR                                                                                                              | 1         |          | 1         |
| <b>70546</b>                                                                                                                      | <b>4</b>  |          | <b>4</b>  |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>4</b>  |          | <b>4</b>  |
| NEUROLOGICAL SURGERY                                                                                                              | 1         |          | 1         |
| NEUROLOGY                                                                                                                         | 3         |          | 3         |
| <b>70549</b>                                                                                                                      | <b>3</b>  |          | <b>3</b>  |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>3</b>  |          | <b>3</b>  |
| FAMILY PRACTICE                                                                                                                   | 1         |          | 1         |
| NEUROLOGY                                                                                                                         | 2         |          | 2         |
| <b>70551</b>                                                                                                                      | <b>70</b> | <b>1</b> | <b>71</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL</b>                           | <b>70</b> | <b>1</b> | <b>71</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                              | 2         |          | 2         |
| FAMILY PRACTICE                                                                                                                   | 15        |          | 15        |
| INTERNAL MEDICINE                                                                                                                 | 12        |          | 12        |
| NEUROLOGY                                                                                                                         | 20        |          | 20        |
| NULL                                                                                                                              | 2         |          | 2         |
| NURSE PRACTITIONER                                                                                                                | 5         | 1        | 6         |
| OBSTETRICS AND GYNECOLOGY                                                                                                         | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                | 1         |          | 1         |
| OTOLARYNGOLOGY                                                                                                                    | 2         |          | 2         |
| PEDIATRIC GASTROENTEROLOGY                                                                                                        | 1         |          | 1         |
| PEDIATRIC PULMONOLOGY                                                                                                             | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                               | 4         |          | 4         |
| PLASTIC SURGERY HEAD & NECK                                                                                                       | 1         |          | 1         |
| PSYCH&NEURO CHILD NEUROLOGY                                                                                                       | 3         |          | 3         |
| <b>70552</b>                                                                                                                      | <b>2</b>  |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)</b>                           | <b>2</b>  |          | <b>2</b>  |
| IM MEDICAL ONCOLOGY                                                                                                               | 1         |          | 1         |

|                                                                                                                                                                                        |            |          |          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|------------|
| NURSE PRACTITIONER                                                                                                                                                                     | 1          |          |          | 1          |
| <b>70553</b>                                                                                                                                                                           | <b>261</b> | <b>6</b> | <b>1</b> | <b>268</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b>                        | <b>261</b> | <b>6</b> | <b>1</b> | <b>268</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                                              | 6          |          |          | 6          |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                                   | 2          |          |          | 2          |
| FAMILY PRACTICE                                                                                                                                                                        | 39         | 1        | 1        | 41         |
| GENERAL PRACTICE                                                                                                                                                                       | 1          |          |          | 1          |
| IM ENDOCRINOLOGY DIABETES&META                                                                                                                                                         | 6          |          |          | 6          |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 4          |          |          | 4          |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 13         |          |          | 13         |
| IM PULMONOLOGY                                                                                                                                                                         | 1          |          |          | 1          |
| IM SLEEP MEDICINE                                                                                                                                                                      | 2          | 1        |          | 3          |
| INTERNAL MEDICINE                                                                                                                                                                      | 25         | 1        |          | 26         |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 13         |          |          | 13         |
| NEUROLOGY                                                                                                                                                                              | 62         | 2        |          | 64         |
| NULL                                                                                                                                                                                   | 9          |          |          | 9          |
| NURSE PRACTITIONER                                                                                                                                                                     | 15         |          |          | 15         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              | 2          |          |          | 2          |
| OPHTHALMOLOGY                                                                                                                                                                          | 3          |          |          | 3          |
| OTOLARYNGOLOGY                                                                                                                                                                         | 15         |          |          | 15         |
| OTOLARYNGOLOGY FACIAL                                                                                                                                                                  | 3          |          |          | 3          |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1          |          |          | 1          |
| PEDIATRIC                                                                                                                                                                              | 1          |          |          | 1          |
| PEDIATRIC ENDOCRINOLOGY                                                                                                                                                                | 2          |          |          | 2          |
| PEDIATRIC HEMATOLOGY ONCOLOGY                                                                                                                                                          | 2          |          |          | 2          |
| PEDIATRICS NEURODEVELOPMENTAL                                                                                                                                                          | 2          |          |          | 2          |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 17         |          |          | 17         |
| PSYCH&NEURO VASCULAR                                                                                                                                                                   | 1          |          |          | 1          |
| PSYCH&NEUROCLINNEUROPHYSIOLOGY                                                                                                                                                         | 5          |          |          | 5          |
| PSYCHIATRY                                                                                                                                                                             | 3          |          |          | 3          |
| RADIATION ONCOLOGY                                                                                                                                                                     | 5          | 1        |          | 6          |
| RADIOLOGY                                                                                                                                                                              | 1          |          |          | 1          |
| <b>70554</b>                                                                                                                                                                           | <b>1</b>   |          |          | <b>1</b>   |
| <b>MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSIC</b> | <b>1</b>   |          |          | <b>1</b>   |
| NEUROLOGY                                                                                                                                                                              | 1          |          |          | 1          |
| <b>70557</b>                                                                                                                                                                           | <b>1</b>   |          |          | <b>1</b>   |
| <b>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</b> | <b>1</b>   |          |          | <b>1</b>   |
| FAMILY PRACTICE                                                                                                                                                                        | 1          |          |          | 1          |
| <b>71250</b>                                                                                                                                                                           | <b>103</b> | <b>4</b> | <b>3</b> | <b>110</b> |
| <b>COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL</b>                                                                                                                          | <b>103</b> | <b>4</b> | <b>3</b> | <b>110</b> |

|                                                               |            |          |          |            |
|---------------------------------------------------------------|------------|----------|----------|------------|
| CARDIOTHORACIC SURGERY                                        | 1          |          |          | 1          |
| DIAGNOSTIC RADIOLOGY                                          | 5          |          |          | 5          |
| FAMILY PRACTICE                                               | 18         | 1        | 1        | 20         |
| IM ALLERGY & IMMUNOLOGY                                       | 1          |          |          | 1          |
| IM CARDIOVASCULAR DISEASE                                     |            | 1        |          | 1          |
| IM CRITICAL CARE MED                                          | 2          |          |          | 2          |
| IM HEMATOLOGY ONCOLOGY                                        | 1          |          |          | 1          |
| IM INFECTIOUS DISEASE                                         | 2          |          |          | 2          |
| IM MEDICAL ONCOLOGY                                           | 5          |          |          | 5          |
| IM PULMONOLOGY                                                | 27         |          |          | 27         |
| IM RHEUMATOLOGY                                               | 1          |          |          | 1          |
| IM TRANSPLANT HEPATOLOGY                                      | 1          |          |          | 1          |
| INTERNAL MEDICINE                                             | 18         |          | 1        | 19         |
| NULL                                                          | 3          | 1        |          | 4          |
| NURSE PRACTITIONER                                            | 6          |          | 1        | 7          |
| OBSTETRICS AND GYNECOLOGY                                     |            | 1        |          | 1          |
| ORTHOPEDIC SURGERY                                            | 1          |          |          | 1          |
| PAIN MEDICINE INTERVENTIONAL                                  | 1          |          |          | 1          |
| PEDIATRIC                                                     | 2          |          |          | 2          |
| PHYSICIAN ASSISTANT                                           | 6          |          |          | 6          |
| SURIGCAL ONCOLOGY                                             | 1          |          |          | 1          |
| UROLOGY                                                       | 1          |          |          | 1          |
| <b>71260</b>                                                  | <b>149</b> | <b>3</b> | <b>1</b> | <b>153</b> |
| <b>COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)</b> | <b>149</b> | <b>3</b> | <b>1</b> | <b>153</b> |
| CARDIOTHORACIC SURGERY                                        | 2          |          |          | 2          |
| CLINICAL NURSE SPECIALIST                                     | 1          |          |          | 1          |
| DIAGNOSTIC RADIOLOGY                                          | 1          |          |          | 1          |
| FAMILY PRACTICE                                               | 19         |          |          | 19         |
| GENERAL SURGERY                                               | 2          |          |          | 2          |
| IM CARDIOVASCULAR DISEASE                                     | 1          |          |          | 1          |
| IM ENDOCRINOLOGY DIABETES&META                                | 1          |          |          | 1          |
| IM HEMATOLOGY ONCOLOGY                                        | 30         |          |          | 30         |
| IM INFECTIOUS DISEASE                                         | 1          |          |          | 1          |
| IM MEDICAL ONCOLOGY                                           | 52         | 3        |          | 55         |
| IM PULMONOLOGY                                                | 3          |          |          | 3          |
| INTERNAL MEDICINE                                             | 7          |          |          | 7          |
| NEUROLOGY                                                     | 1          |          |          | 1          |
| NULL                                                          | 1          |          |          | 1          |
| NURSE PRACTITIONER                                            | 6          |          | 1        | 7          |
| OBGYN GYNECOLOGIC ONCOLOGY                                    | 3          |          |          | 3          |
| OBSTETRICS AND GYNECOLOGY                                     | 8          |          |          | 8          |
| OTOLARYNGOLOGY                                                | 3          |          |          | 3          |
| PHYSICIAN ASSISTANT                                           | 2          |          |          | 2          |
| RADIATION ONCOLOGY                                            | 1          |          |          | 1          |
| TRANSPLANT SURGERY                                            | 1          |          |          | 1          |
| UROLOGY                                                       | 3          |          |          | 3          |
| <b>71270</b>                                                  | <b>2</b>   |          |          | <b>2</b>   |

|                                                                                                                                                                                        |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b>                                                                   | <b>2</b>  | <b>2</b>  |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                                   | 1         | 1         |
| FAMILY PRACTICE                                                                                                                                                                        | 1         | 1         |
| <b>71271</b>                                                                                                                                                                           | <b>19</b> | <b>19</b> |
| <b>COMPUTED TOMOGRAPHY, BREAST, THORAX, LOWDOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)</b>                                                                            | <b>19</b> | <b>19</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                                   | 1         | 1         |
| FAMILY PRACTICE                                                                                                                                                                        | 10        | 10        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 1         | 1         |
| IM PULMONOLOGY                                                                                                                                                                         | 1         | 1         |
| INTERNAL MEDICINE                                                                                                                                                                      | 4         | 4         |
| NURSE PRACTITIONER                                                                                                                                                                     | 2         | 2         |
| <b>71275</b>                                                                                                                                                                           | <b>26</b> | <b>27</b> |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING</b>                          | <b>26</b> | <b>27</b> |
| CARDIOTHORACIC SURGERY                                                                                                                                                                 |           | 1         |
| FAMILY PRACTICE                                                                                                                                                                        | 5         | 5         |
| GENERAL SURGERY                                                                                                                                                                        | 1         | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 4         | 4         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 1         | 1         |
| IM INTERVENTIONAL RADIOLOGY                                                                                                                                                            | 2         | 2         |
| IM PULMONOLOGY                                                                                                                                                                         | 4         | 4         |
| INTERNAL MEDICINE                                                                                                                                                                      | 6         | 6         |
| NURSE PRACTITIONER                                                                                                                                                                     | 2         | 2         |
| VASCULAR SURGERY                                                                                                                                                                       | 1         | 1         |
| <b>71550</b>                                                                                                                                                                           | <b>3</b>  | <b>3</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)</b>                                      | <b>3</b>  | <b>3</b>  |
| INTERNAL MEDICINE                                                                                                                                                                      | 1         | 1         |
| NURSE PRACTITIONER                                                                                                                                                                     | 1         | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         | 1         |
| <b>71552</b>                                                                                                                                                                           | <b>4</b>  | <b>4</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AN</b> | <b>4</b>  | <b>4</b>  |
| DERMATOLOGY                                                                                                                                                                            | 1         | 1         |
| FAMILY PRACTICE                                                                                                                                                                        | 1         | 1         |
| IM RHEUMATOLOGY                                                                                                                                                                        | 1         | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1         | 1         |
| <b>71555</b>                                                                                                                                                                           | <b>12</b> | <b>12</b> |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CONTRAST MATERIAL(S)</b>                                                                              | <b>12</b> | <b>12</b> |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 7         | 7         |
| IM INTERVENTIONAL RADIOLOGY                                                                                                                                                            | 1         | 1         |
| INTERNAL MEDICINE                                                                                                                                                                      | 2         | 2         |



|                                                                                                                              |           |          |           |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| PEDIATRIC                                                                                                                    | 2         |          | 2         |
| <b>72125</b>                                                                                                                 | <b>9</b>  | <b>2</b> | <b>11</b> |
| <b>COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL</b>                                                        | <b>9</b>  | <b>2</b> | <b>11</b> |
| FAMILY PRACTICE                                                                                                              | 2         |          | 2         |
| INTERNAL MEDICINE                                                                                                            |           | 1        | 1         |
| NEUROLOGICAL SURGERY                                                                                                         | 4         |          | 4         |
| NULL                                                                                                                         | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                           | 1         | 1        | 2         |
| PHYSICIAN ASSISTANT                                                                                                          | 1         |          | 1         |
| <b>72126</b>                                                                                                                 | <b>8</b>  |          | <b>8</b>  |
| <b>COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL</b>                                                           | <b>8</b>  |          | <b>8</b>  |
| NEUROLOGICAL SURGERY                                                                                                         | 6         |          | 6         |
| ORTHOAEDIC SURGEY OF SPINE                                                                                                   | 2         |          | 2         |
| <b>72128</b>                                                                                                                 | <b>3</b>  |          | <b>3</b>  |
| <b>COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL</b>                                                        | <b>3</b>  |          | <b>3</b>  |
| NEUROLOGICAL SURGERY                                                                                                         | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                           | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                           | 1         |          | 1         |
| <b>72129</b>                                                                                                                 | <b>2</b>  |          | <b>2</b>  |
| <b>COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL</b>                                                           | <b>2</b>  |          | <b>2</b>  |
| NURSE PRACTITIONER                                                                                                           | 1         |          | 1         |
| ORTHOAEDIC SURGEY OF SPINE                                                                                                   | 1         |          | 1         |
| <b>72130</b>                                                                                                                 | <b>1</b>  |          | <b>1</b>  |
| <b>COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b> | <b>1</b>  |          | <b>1</b>  |
| FAMILY PRACTICE                                                                                                              | 1         |          | 1         |
| <b>72131</b>                                                                                                                 | <b>11</b> | <b>1</b> | <b>12</b> |
| <b>COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL</b>                                                          | <b>11</b> | <b>1</b> | <b>12</b> |
| FAMILY PRACTICE                                                                                                              |           | 1        | 1         |
| INTERNAL MEDICINE                                                                                                            | 2         |          | 2         |
| NEUROLOGICAL SURGERY                                                                                                         | 5         |          | 5         |
| NURSE PRACTITIONER                                                                                                           | 1         |          | 1         |
| ORTHOAEDIC SURGEY OF SPINE                                                                                                   | 2         |          | 2         |
| PHYSICIAN ASSISTANT                                                                                                          | 1         |          | 1         |
| <b>72132</b>                                                                                                                 | <b>13</b> |          | <b>13</b> |
| <b>COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL</b>                                                             | <b>13</b> |          | <b>13</b> |
| FAMILY PRACTICE                                                                                                              | 1         |          | 1         |
| NEUROLOGICAL SURGERY                                                                                                         | 7         |          | 7         |
| NURSE PRACTITIONER                                                                                                           | 1         |          | 1         |
| ORTHOAEDIC SURGEY OF SPINE                                                                                                   | 2         |          | 2         |
| ORTHOPEDIC SURGERY                                                                                                           | 1         |          | 1         |
| PLASTIC & RECONSTRUCTIVE SURG                                                                                                | 1         |          | 1         |

|                                                                                                                |            |           |           |            |
|----------------------------------------------------------------------------------------------------------------|------------|-----------|-----------|------------|
| <b>72141</b>                                                                                                   | <b>155</b> | <b>3</b>  | <b>6</b>  | <b>164</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL</b> | <b>155</b> | <b>3</b>  | <b>6</b>  | <b>164</b> |
| ANESTHESIA PAIN MED                                                                                            | 5          |           |           | 5          |
| CHIROPRACTIC MEDICINE                                                                                          | 2          |           | 1         | 3          |
| DIAGNOSTIC RADIOLOGY                                                                                           | 2          |           |           | 2          |
| FAMILY PRACTICE                                                                                                | 20         |           |           | 20         |
| FAMILY PRACTICE SPORTS MED                                                                                     | 1          |           |           | 1          |
| HAND SURGERY                                                                                                   | 1          |           |           | 1          |
| IM SLEEP MEDICINE                                                                                              | 1          |           |           | 1          |
| IM SPORTS MEDICINE                                                                                             | 3          |           |           | 3          |
| INTERNAL MEDICINE                                                                                              | 4          |           | 2         | 6          |
| NEUROLOGICAL SURGERY                                                                                           | 9          | 1         |           | 10         |
| NEUROLOGY                                                                                                      | 10         |           |           | 10         |
| NULL                                                                                                           | 5          |           | 1         | 6          |
| NURSE PRACTITIONER                                                                                             | 12         | 1         | 1         | 14         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                 | 3          |           |           | 3          |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                    | 14         |           |           | 14         |
| ORTHOPEDIC SURGERY                                                                                             | 13         |           |           | 13         |
| PAIN MANAGEMENT                                                                                                | 4          |           |           | 4          |
| PAIN MEDICINE INTERVENTIONAL                                                                                   | 2          | 1         |           | 3          |
| PHYSICAL MEDICINE & REHAB                                                                                      | 23         |           |           | 23         |
| PHYSICIAN ASSISTANT                                                                                            | 20         |           | 1         | 21         |
| PSYCHIATRY                                                                                                     | 1          |           |           | 1          |
| <b>72146</b>                                                                                                   | <b>33</b>  | <b>4</b>  |           | <b>37</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL</b> | <b>33</b>  | <b>4</b>  |           | <b>37</b>  |
| ANESTHESIA PAIN MED                                                                                            | 2          |           |           | 2          |
| DIAGNOSTIC RADIOLOGY                                                                                           | 1          |           |           | 1          |
| FAMILY PRACTICE                                                                                                | 1          | 1         |           | 2          |
| IM HEMATOLOGY ONCOLOGY                                                                                         |            | 1         |           | 1          |
| INTERNAL MEDICINE                                                                                              | 3          |           |           | 3          |
| NEUROLOGICAL SURGERY                                                                                           | 1          |           |           | 1          |
| NULL                                                                                                           | 2          | 1         |           | 3          |
| NURSE PRACTITIONER                                                                                             | 2          | 1         |           | 3          |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                 | 1          |           |           | 1          |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                    | 5          |           |           | 5          |
| ORTHOPEDIC SURGERY                                                                                             | 3          |           |           | 3          |
| PAIN MEDICINE INTERVENTIONAL                                                                                   | 2          |           |           | 2          |
| PHYSICAL MEDICINE & REHAB                                                                                      | 4          |           |           | 4          |
| PHYSICIAN ASSISTANT                                                                                            | 4          |           |           | 4          |
| PMRE PAIN MEDICINE                                                                                             | 1          |           |           | 1          |
| PMRE SPORTS MEDICINE                                                                                           | 1          |           |           | 1          |
| <b>72148</b>                                                                                                   | <b>295</b> | <b>19</b> | <b>10</b> | <b>324</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL</b>   | <b>295</b> | <b>19</b> | <b>10</b> | <b>324</b> |
| ANESTHESIA PAIN MED                                                                                            | 14         | 1         |           | 15         |

|                                                                                                                                                                        |           |   |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|----------|-----------|
| CHIROPRACTIC MEDICINE                                                                                                                                                  | 1         |   |          | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                   | 9         |   | 3        | 12        |
| EMERGENCY MEDICINE                                                                                                                                                     |           | 1 |          | 1         |
| FAMILY PRACTICE                                                                                                                                                        | 51        | 4 | 3        | 58        |
| FAMILY PRACTICE SPORTS MED                                                                                                                                             | 1         |   |          | 1         |
| IM SLEEP MEDICINE                                                                                                                                                      | 2         |   |          | 2         |
| IM SPORTS MEDICINE                                                                                                                                                     | 7         |   |          | 7         |
| INTERNAL MEDICINE                                                                                                                                                      | 12        | 1 | 2        | 15        |
| NEUROLOGICAL SURGERY                                                                                                                                                   | 12        | 1 |          | 13        |
| NEUROLOGY                                                                                                                                                              | 6         |   |          | 6         |
| NULL                                                                                                                                                                   | 5         | 1 |          | 6         |
| NURSE PRACTITIONER                                                                                                                                                     | 34        | 1 |          | 35        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                              | 1         |   |          | 1         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                                                         | 1         |   |          | 1         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                            | 28        |   |          | 28        |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 31        | 1 | 1        | 33        |
| PAIN MANAGEMENT                                                                                                                                                        | 4         | 3 |          | 7         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                           | 7         | 1 |          | 8         |
| PEDIATRIC                                                                                                                                                              | 3         |   |          | 3         |
| PEDIATRIC UROLOGY                                                                                                                                                      | 1         |   |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                              | 29        |   |          | 29        |
| PHYSICIAN ASSISTANT                                                                                                                                                    | 29        | 4 |          | 33        |
| PMRE PAIN MEDICINE                                                                                                                                                     | 4         |   | 1        | 5         |
| PODIATRY                                                                                                                                                               | 2         |   |          | 2         |
| REGISTERED NURSE                                                                                                                                                       | 1         |   |          | 1         |
| <b>72149</b>                                                                                                                                                           | <b>1</b>  |   |          | <b>1</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)</b>                                                           | <b>1</b>  |   |          | <b>1</b>  |
| PHYSICIAN ASSISTANT                                                                                                                                                    | 1         |   |          | 1         |
| <b>72156</b>                                                                                                                                                           | <b>23</b> |   | <b>1</b> | <b>24</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL</b> | <b>23</b> |   | <b>1</b> | <b>24</b> |
| CHIROPRACTIC MEDICINE                                                                                                                                                  | 1         |   |          | 1         |
| FAMILY PRACTICE                                                                                                                                                        | 1         |   | 1        | 2         |
| GENERAL SURGERY                                                                                                                                                        | 1         |   |          | 1         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                 | 1         |   |          | 1         |
| IM INFECTIOUS DISEASE                                                                                                                                                  | 1         |   |          | 1         |
| INTERNAL MEDICINE                                                                                                                                                      | 3         |   |          | 3         |
| NEUROLOGICAL SURGERY                                                                                                                                                   | 1         |   |          | 1         |
| NEUROLOGY                                                                                                                                                              | 5         |   |          | 5         |
| NULL                                                                                                                                                                   | 1         |   |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                     | 1         |   |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                        | 2         |   |          | 2         |
| PEDIATRIC PULMONOLOGY                                                                                                                                                  | 1         |   |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                              | 1         |   |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                    | 2         |   |          | 2         |

|                                                                                                                                                                        |           |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| PSYCH&NEUROCLINNEUROPHYSIOLOGY                                                                                                                                         | 1         |          |          | 1         |
| <b>72157</b>                                                                                                                                                           | <b>12</b> |          | <b>1</b> | <b>13</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC</b> | <b>12</b> |          | <b>1</b> | <b>13</b> |
| FAMILY PRACTICE                                                                                                                                                        | 1         |          |          | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                                    | 1         |          |          | 1         |
| INTERNAL MEDICINE                                                                                                                                                      | 3         |          | 1        | 4         |
| NEUROLOGY                                                                                                                                                              | 3         |          |          | 3         |
| NURSE PRACTITIONER                                                                                                                                                     | 1         |          |          | 1         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                            | 1         |          |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 1         |          |          | 1         |
| PSYCHIATRY                                                                                                                                                             | 1         |          |          | 1         |
| <b>72158</b>                                                                                                                                                           | <b>14</b> | <b>1</b> | <b>2</b> | <b>17</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR</b>   | <b>14</b> | <b>1</b> | <b>2</b> | <b>17</b> |
| ANESTHESIA PAIN MED                                                                                                                                                    | 1         |          |          | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                   | 2         |          |          | 2         |
| FAMILY PRACTICE                                                                                                                                                        |           | 1        | 1        | 2         |
| INTERNAL MEDICINE                                                                                                                                                      | 2         |          |          | 2         |
| NEUROLOGICAL SURGERY                                                                                                                                                   | 2         |          |          | 2         |
| NURSE PRACTITIONER                                                                                                                                                     | 1         |          |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                        | 1         |          |          | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                           | 2         |          |          | 2         |
| PHYSICIAN ASSISTANT                                                                                                                                                    | 2         |          | 1        | 3         |
| PSYCH&NEUROCLINNEUROPHYSIOLOGY                                                                                                                                         | 1         |          |          | 1         |
| <b>72159</b>                                                                                                                                                           | <b>1</b>  |          |          | <b>1</b>  |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)</b>                                                                 | <b>1</b>  |          |          | <b>1</b>  |
| INTERNAL MEDICINE                                                                                                                                                      | 1         |          |          | 1         |
| <b>72191</b>                                                                                                                                                           | <b>1</b>  |          |          | <b>1</b>  |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING</b>                       | <b>1</b>  |          |          | <b>1</b>  |
| SPECIALIST                                                                                                                                                             | 1         |          |          | 1         |
| <b>72192</b>                                                                                                                                                           | <b>4</b>  |          | <b>1</b> | <b>5</b>  |
| <b>COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL</b>                                                                                                          | <b>4</b>  |          | <b>1</b> | <b>5</b>  |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                   | 1         |          |          | 1         |
| FAMILY PRACTICE                                                                                                                                                        |           |          | 1        | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 1         |          |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                              | 1         |          |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                    | 1         |          |          | 1         |
| <b>72193</b>                                                                                                                                                           | <b>8</b>  |          | <b>1</b> | <b>9</b>  |
| <b>COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)</b>                                                                                                          | <b>8</b>  |          | <b>1</b> | <b>9</b>  |
| FAMILY PRACTICE                                                                                                                                                        | 2         |          |          | 2         |
| GENERAL SURGERY                                                                                                                                                        | 1         |          |          | 1         |
| IM INFECTIOUS DISEASE                                                                                                                                                  | 1         |          |          | 1         |

|                                                                                                                                              |           |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| INTERNAL MEDICINE                                                                                                                            | 1         |          |          | 1         |
| NULL                                                                                                                                         |           |          | 1        | 1         |
| NURSE PRACTITIONER                                                                                                                           | 1         |          |          | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                    | 1         |          |          | 1         |
| UROLOGY                                                                                                                                      | 1         |          |          | 1         |
| <b>72194</b>                                                                                                                                 | <b>2</b>  |          |          | <b>2</b>  |
| <b>COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b>                         | <b>2</b>  |          |          | <b>2</b>  |
| DIAGNOSTIC RADIOLOGY                                                                                                                         | 1         |          |          | 1         |
| UROLOGY                                                                                                                                      | 1         |          |          | 1         |
| <b>72195</b>                                                                                                                                 | <b>21</b> | <b>1</b> | <b>1</b> | <b>23</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)</b>                                                         | <b>21</b> | <b>1</b> | <b>1</b> | <b>23</b> |
| FAMILY PRACTICE                                                                                                                              |           |          | 1        | 1         |
| GENERAL SURGERY                                                                                                                              | 2         |          |          | 2         |
| IM GATROENTEROLOGY                                                                                                                           | 3         |          |          | 3         |
| NULL                                                                                                                                         | 1         |          |          | 1         |
| NURSE PRACTITIONER                                                                                                                           | 2         |          |          | 2         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                               | 2         |          |          | 2         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                  | 2         |          |          | 2         |
| ORTHOPEDIC SURGERY                                                                                                                           | 3         |          |          | 3         |
| PHYSICAL MEDICINE & REHAB                                                                                                                    | 4         | 1        |          | 5         |
| PMRE PAIN MEDICINE                                                                                                                           | 1         |          |          | 1         |
| RADIATION ONCOLOGY                                                                                                                           | 1         |          |          | 1         |
| <b>72196</b>                                                                                                                                 | <b>2</b>  |          |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)</b>                                                            | <b>2</b>  |          |          | <b>2</b>  |
| NURSE PRACTITIONER                                                                                                                           | 1         |          |          | 1         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                               | 1         |          |          | 1         |
| <b>72197</b>                                                                                                                                 | <b>92</b> |          | <b>1</b> | <b>93</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>92</b> |          | <b>1</b> | <b>93</b> |
| COLON RECTAL SURGERY                                                                                                                         | 2         |          |          | 2         |
| DIAGNOSTIC RADIOLOGY                                                                                                                         | 4         |          |          | 4         |
| FAMILY PRACTICE                                                                                                                              | 2         |          |          | 2         |
| GENERAL SURGERY                                                                                                                              | 6         |          |          | 6         |
| IM GATROENTEROLOGY                                                                                                                           | 6         |          |          | 6         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                       | 3         |          |          | 3         |
| IM MEDICAL ONCOLOGY                                                                                                                          | 1         |          |          | 1         |
| IM RHEUMOTOLOGY                                                                                                                              | 1         |          |          | 1         |
| INTERNAL MEDICINE                                                                                                                            | 1         |          |          | 1         |
| NULL                                                                                                                                         | 1         |          |          | 1         |
| NURSE PRACTITIONER                                                                                                                           | 5         |          | 1        | 6         |
| OBGYN FEMALE RECONTRUC SURGERY                                                                                                               | 1         |          |          | 1         |
| OBGYN GYNECOLOGIC ONCOLOGY                                                                                                                   | 4         |          |          | 4         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                    | 12        |          |          | 12        |
| PHYSICIAN ASSISTANT                                                                                                                          | 7         |          |          | 7         |

|                                                                                                                                                                         |           |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| RADIATION ONCOLOGY                                                                                                                                                      | 1         |          |          | 1         |
| TRANSPLANT SURGERY                                                                                                                                                      | 1         |          |          | 1         |
| UROLOGY                                                                                                                                                                 | 34        |          |          | 34        |
| <b>72198</b>                                                                                                                                                            | <b>2</b>  |          |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)</b>                                                                                     | <b>2</b>  |          |          | <b>2</b>  |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                            | 1         |          |          | 1         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                            | 1         |          |          | 1         |
| <b>73200</b>                                                                                                                                                            | <b>10</b> |          | <b>1</b> | <b>11</b> |
| <b>COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL</b>                                                                                                  | <b>10</b> |          | <b>1</b> | <b>11</b> |
| FAMILY PRACTICE                                                                                                                                                         | 1         |          | 1        | 2         |
| ORTHOPEDIC SURGERY                                                                                                                                                      | 5         |          |          | 5         |
| PHYSICIAN ASSISTANT                                                                                                                                                     | 2         |          |          | 2         |
| PLASTIC SURGERY                                                                                                                                                         | 2         |          |          | 2         |
| <b>73200LT</b>                                                                                                                                                          | <b>2</b>  |          |          | <b>2</b>  |
| <b>COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL</b>                                                                                                  | <b>2</b>  |          |          | <b>2</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                      | 2         |          |          | 2         |
| <b>73200RT</b>                                                                                                                                                          | <b>3</b>  |          |          | <b>3</b>  |
| <b>COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL</b>                                                                                                  | <b>3</b>  |          |          | <b>3</b>  |
| ORTHOPEDIC SURGERY                                                                                                                                                      | 2         |          |          | 2         |
| PLASTIC SURGERY                                                                                                                                                         | 1         |          |          | 1         |
| <b>73218</b>                                                                                                                                                            | <b>17</b> | <b>1</b> | <b>1</b> | <b>19</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)</b>                                                         | <b>17</b> | <b>1</b> | <b>1</b> | <b>19</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                               | 1         |          |          | 1         |
| FAMILY PRACTICE                                                                                                                                                         | 1         |          |          | 1         |
| GENERAL SURGERY                                                                                                                                                         | 3         |          |          | 3         |
| HAND SURGERY                                                                                                                                                            | 2         |          |          | 2         |
| IM RHEUMATOLOGY                                                                                                                                                         | 2         |          |          | 2         |
| NULL                                                                                                                                                                    |           | 1        |          | 1         |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                 | 3         |          |          | 3         |
| ORTHOPEDIC SURGERY                                                                                                                                                      | 3         |          |          | 3         |
| PAIN MANAGEMENT                                                                                                                                                         |           |          | 1        | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                     | 2         |          |          | 2         |
| <b>73218RT</b>                                                                                                                                                          | <b>1</b>  |          |          | <b>1</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)</b>                                                         | <b>1</b>  |          |          | <b>1</b>  |
| NULL                                                                                                                                                                    | 1         |          |          | 1         |
| <b>73220</b>                                                                                                                                                            | <b>20</b> |          |          | <b>20</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>20</b> |          |          | <b>20</b> |
| FAMILY PRACTICE                                                                                                                                                         | 3         |          |          | 3         |
| GENERAL SURGERY                                                                                                                                                         | 2         |          |          | 2         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                  | 1         |          |          | 1         |
| IM RHEUMATOLOGY                                                                                                                                                         | 6         |          |          | 6         |

|                                                                                                                                                                         |            |          |           |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-----------|------------|
| INTERNAL MEDICINE                                                                                                                                                       | 1          |          |           | 1          |
| PEDIATRIC HEMATOLOGY ONCOLOGY                                                                                                                                           | 1          |          |           | 1          |
| PEDIATRIC RHEUMATOLOGY                                                                                                                                                  | 1          |          |           | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                     | 3          |          |           | 3          |
| PLASTIC SURGERY                                                                                                                                                         | 1          |          |           | 1          |
| PMRE PAIN MEDICINE                                                                                                                                                      | 1          |          |           | 1          |
| <b>73220LT</b>                                                                                                                                                          | <b>1</b>   |          |           | <b>1</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>1</b>   |          |           | <b>1</b>   |
| NULL                                                                                                                                                                    | 1          |          |           | 1          |
| <b>73220RT</b>                                                                                                                                                          | <b>1</b>   |          |           | <b>1</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>1</b>   |          |           | <b>1</b>   |
| PHYSICIAN ASSISTANT                                                                                                                                                     | 1          |          |           | 1          |
| <b>73221</b>                                                                                                                                                            | <b>117</b> | <b>3</b> | <b>12</b> | <b>132</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)</b>                                                              | <b>117</b> | <b>3</b> | <b>12</b> | <b>132</b> |
| CHIROPRACTIC MEDICINE                                                                                                                                                   |            | 1        |           | 1          |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                    | 1          |          |           | 1          |
| FAMILY PRACTICE                                                                                                                                                         | 14         |          | 7         | 21         |
| FAMILY PRACTICE SPORTS MED                                                                                                                                              | 2          |          |           | 2          |
| GENERAL SURGERY                                                                                                                                                         | 1          |          |           | 1          |
| HAND SURGERY                                                                                                                                                            | 2          |          |           | 2          |
| IM RHEUMATOLOGY                                                                                                                                                         | 2          |          |           | 2          |
| IM SPORTS MEDICINE                                                                                                                                                      | 8          |          |           | 8          |
| INTERNAL MEDICINE                                                                                                                                                       | 5          |          | 1         | 6          |
| NULL                                                                                                                                                                    | 6          |          | 1         | 7          |
| NURSE PRACTITIONER                                                                                                                                                      | 4          |          | 3         | 7          |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                                                          | 2          |          |           | 2          |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                             | 1          |          |           | 1          |
| ORTHOPEDIC HAND SURGERY                                                                                                                                                 | 1          |          |           | 1          |
| ORTHOPEDIC SURGERY                                                                                                                                                      | 60         |          |           | 60         |
| PEDIATRIC ORTHOPEDIC SURGERY                                                                                                                                            | 1          |          |           | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                     | 4          |          |           | 4          |
| PLASTIC HAND SURGERY                                                                                                                                                    | 1          |          |           | 1          |
| PMRE PAIN MEDICINE                                                                                                                                                      | 1          | 1        |           | 2          |
| PMRE SPINAL CORD INJURY MED                                                                                                                                             | 1          |          |           | 1          |
| REGISTERED NURSE                                                                                                                                                        |            | 1        |           | 1          |
| <b>73221LT</b>                                                                                                                                                          | <b>16</b>  |          |           | <b>16</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)</b>                                                              | <b>16</b>  |          |           | <b>16</b>  |
| FAMILY PRACTICE                                                                                                                                                         | 1          |          |           | 1          |
| IM SPORTS MEDICINE                                                                                                                                                      | 1          |          |           | 1          |
| INTERNAL MEDICINE                                                                                                                                                       | 1          |          |           | 1          |
| NULL                                                                                                                                                                    | 1          |          |           | 1          |
| NURSE PRACTITIONER                                                                                                                                                      | 2          |          |           | 2          |

|                                                                                                                                                                    |           |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| ORTHOPAEDIC SURGERY TRAUMA                                                                                                                                         | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                 | 5         |          | 5         |
| PHYSICIAN ASSISTANT                                                                                                                                                | 2         |          | 2         |
| PMRE SPINAL CORD INJURY MED                                                                                                                                        | 1         |          | 1         |
| RADIOLOGY                                                                                                                                                          | 1         |          | 1         |
| <b>73221RT</b>                                                                                                                                                     | <b>17</b> |          | <b>17</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)</b>                                                         | <b>17</b> |          | <b>17</b> |
| EMERGENCY MEDICINE                                                                                                                                                 | 1         |          | 1         |
| FAMILY PRACTICE                                                                                                                                                    | 1         |          | 1         |
| FAMILY PRACTICE SPORTS MED                                                                                                                                         | 1         |          | 1         |
| GENERAL SURGERY                                                                                                                                                    | 1         |          | 1         |
| HAND SURGERY                                                                                                                                                       | 1         |          | 1         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                             | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                 | 2         |          | 2         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                                                     | 2         |          | 2         |
| ORTHOPEDIC SURGERY                                                                                                                                                 | 6         |          | 6         |
| PHYSICIAN ASSISTANT                                                                                                                                                | 1         |          | 1         |
| <b>73222</b>                                                                                                                                                       | <b>11</b> |          | <b>11</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)</b>                                                            | <b>11</b> |          | <b>11</b> |
| FAMILY PRACTICE                                                                                                                                                    | 1         |          | 1         |
| NULL                                                                                                                                                               | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                 | 6         |          | 6         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                          | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                | 2         |          | 2         |
| <b>73222LT</b>                                                                                                                                                     | <b>2</b>  |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)</b>                                                            | <b>2</b>  |          | <b>2</b>  |
| PHYSICIAN ASSISTANT                                                                                                                                                | 2         |          | 2         |
| <b>73222RT</b>                                                                                                                                                     | <b>1</b>  |          | <b>1</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)</b>                                                            | <b>1</b>  |          | <b>1</b>  |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                        | 1         |          | 1         |
| <b>73223</b>                                                                                                                                                       | <b>2</b>  | <b>1</b> | <b>3</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>2</b>  | <b>1</b> | <b>3</b>  |
| FAMILY PRACTICE                                                                                                                                                    |           | 1        | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                                | 2         |          | 2         |
| <b>73223LT</b>                                                                                                                                                     | <b>2</b>  |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>2</b>  |          | <b>2</b>  |
| CARDIOTHORACIC SURGERY                                                                                                                                             | 1         |          | 1         |
| IM RHEUMATOLOGY                                                                                                                                                    | 1         |          | 1         |
| <b>73223RT</b>                                                                                                                                                     | <b>1</b>  |          | <b>1</b>  |



|                                                                                                                                                                   |           |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;<br>WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND<br>FURTHER SEQUENCES | 1         |          | 1         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                            | 1         |          | 1         |
| <b>73700</b>                                                                                                                                                      | <b>40</b> | <b>1</b> | <b>41</b> |
| <b>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</b>                                                                                            | <b>40</b> | <b>1</b> | <b>41</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                                                              | 1         |          | 1         |
| FAMILY PRACTICE                                                                                                                                                   | 1         |          | 1         |
| IM SPORTS MEDICINE                                                                                                                                                | 1         |          | 1         |
| INTERNAL MEDICINE                                                                                                                                                 | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                | 1         |          | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                         | 1         |          | 1         |
| ORTHOAEDIC SURGERY FOOT&ANKLE                                                                                                                                     | 3         |          | 3         |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                     | 1         |          | 1         |
| ORTHOAEDIC SURGERY TRAUMA                                                                                                                                         | 2         |          | 2         |
| ORTHOAEDICADULTRECONSTRUCT SU                                                                                                                                     | 2         |          | 2         |
| ORTHOPEDIC SURGERY                                                                                                                                                | 24        | 1        | 25        |
| PODIATRIST SPORTS MEDICINE                                                                                                                                        | 1         |          | 1         |
| PODIATRY                                                                                                                                                          | 1         |          | 1         |
| <b>73700LT</b>                                                                                                                                                    | <b>3</b>  |          | <b>3</b>  |
| <b>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</b>                                                                                            | <b>3</b>  |          | <b>3</b>  |
| IM SPORTS MEDICINE                                                                                                                                                | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                | 2         |          | 2         |
| <b>73701</b>                                                                                                                                                      | <b>1</b>  |          | <b>1</b>  |
| <b>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)</b>                                                                                            | <b>1</b>  |          | <b>1</b>  |
| NURSE PRACTITIONER                                                                                                                                                | 1         |          | 1         |
| <b>73701LT</b>                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| <b>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)</b>                                                                                            | <b>1</b>  |          | <b>1</b>  |
| INTERNAL MEDICINE                                                                                                                                                 | 1         |          | 1         |
| <b>73718</b>                                                                                                                                                      | <b>36</b> |          | <b>36</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN<br/>JOINT; WITHOUT CONTRAST MATERIAL(S)</b>                                                | <b>36</b> |          | <b>36</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                                                              | 1         |          | 1         |
| FAMILY PRACTICE                                                                                                                                                   | 3         |          | 3         |
| IM SPORTS MEDICINE                                                                                                                                                | 2         |          | 2         |
| NURSE PRACTITIONER                                                                                                                                                | 1         |          | 1         |
| ORTHOAEDIC SURGERY FOOT&ANKLE                                                                                                                                     | 1         |          | 1         |
| ORTHOAEDIC SURGERY SPORTS MED                                                                                                                                     | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                | 2         |          | 2         |
| PHYSICIAN ASSISTANT                                                                                                                                               | 2         |          | 2         |
| PODIATRIST FOOT & ANKLE                                                                                                                                           | 6         |          | 6         |
| PODIATRY                                                                                                                                                          | 17        |          | 17        |
| <b>73718LT</b>                                                                                                                                                    | <b>6</b>  |          | <b>6</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN<br/>JOINT; WITHOUT CONTRAST MATERIAL(S)</b>                                                | <b>6</b>  |          | <b>6</b>  |

|                                                                                                                                                                        |            |          |          |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|------------|
| FAMILY PRACTICE                                                                                                                                                        | 2          |          |          | 2          |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 3          |          |          | 3          |
| PODIATRIST FOOT & ANKLE                                                                                                                                                | 1          |          |          | 1          |
| <b>73718RT</b>                                                                                                                                                         | <b>6</b>   |          |          | <b>6</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)</b>                                                         | <b>6</b>   |          |          | <b>6</b>   |
| IM SPORTS MEDICINE                                                                                                                                                     | 1          |          |          | 1          |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 3          |          |          | 3          |
| PODIATRIST FOOT & ANKLE                                                                                                                                                | 1          |          |          | 1          |
| PODIATRY                                                                                                                                                               | 1          |          |          | 1          |
| <b>73719</b>                                                                                                                                                           | <b>1</b>   |          |          | <b>1</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)</b>                                                            | <b>1</b>   |          |          | <b>1</b>   |
| PODIATRIST FOOT & ANKLE                                                                                                                                                | 1          |          |          | 1          |
| <b>73720</b>                                                                                                                                                           | <b>6</b>   |          |          | <b>6</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>6</b>   |          |          | <b>6</b>   |
| FAMILY PRACTICE                                                                                                                                                        | 1          |          |          | 1          |
| GENERAL SURGERY                                                                                                                                                        | 1          |          |          | 1          |
| IM MEDICAL ONCOLOGY                                                                                                                                                    | 1          |          |          | 1          |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 1          |          |          | 1          |
| PODIATRIST FOOT & ANKLE                                                                                                                                                | 1          |          |          | 1          |
| PODIATRY                                                                                                                                                               | 1          |          |          | 1          |
| <b>73720LT</b>                                                                                                                                                         | <b>2</b>   |          |          | <b>2</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>2</b>   |          |          | <b>2</b>   |
| ORTHOPEDIC SURGERY                                                                                                                                                     | 1          |          |          | 1          |
| PODIATRY                                                                                                                                                               | 1          |          |          | 1          |
| <b>73720RT</b>                                                                                                                                                         | <b>1</b>   |          |          | <b>1</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>1</b>   |          |          | <b>1</b>   |
| PHYSICIAN ASSISTANT                                                                                                                                                    | 1          |          |          | 1          |
| <b>73721</b>                                                                                                                                                           | <b>217</b> | <b>6</b> | <b>5</b> | <b>228</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</b>                                                                | <b>217</b> | <b>6</b> | <b>5</b> | <b>228</b> |
| CHIROPRACTIC MEDICINE                                                                                                                                                  | 4          |          |          | 4          |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                   | 3          |          | 2        | 5          |
| FAMILY PRACTICE                                                                                                                                                        | 12         |          | 2        | 14         |
| FAMILY PRACTICE SPORTS MED                                                                                                                                             | 5          |          |          | 5          |
| IM SPORTS MEDICINE                                                                                                                                                     | 14         |          |          | 14         |
| INTERNAL MEDICINE                                                                                                                                                      | 5          |          |          | 5          |
| NEUROLOGICAL SURGERY                                                                                                                                                   | 1          |          |          | 1          |
| NULL                                                                                                                                                                   | 4          |          |          | 4          |
| NURSE PRACTITIONER                                                                                                                                                     | 5          | 1        | 1        | 7          |
| ORTHOPAEDIC SURGERY FOOT&ANKLE                                                                                                                                         | 1          |          |          | 1          |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                                                                                         | 10         | 1        |          | 11         |

|                                                                                                         |           |          |           |
|---------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| ORTHOPAEDIC SURGERY TRAUMA                                                                              | 1         |          | 1         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                             | 1         |          | 1         |
| ORTHOPAEDICADULTRECONSTRUCT SU                                                                          | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                      | 117       | 4        | 121       |
| PEDIATRIC ORTHOPEDIC SURGERY                                                                            | 1         |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                               | 6         |          | 6         |
| PHYSICIAN ASSISTANT                                                                                     | 14        |          | 14        |
| PMRE PAIN MEDICINE                                                                                      | 1         |          | 1         |
| PODIATRIST FOOT & ANKLE                                                                                 | 2         |          | 2         |
| PODIATRY                                                                                                | 9         |          | 9         |
| <b>7372150</b>                                                                                          | <b>2</b>  |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</b> | <b>2</b>  |          | <b>2</b>  |
| ORTHOPEDIC SURGERY                                                                                      | 2         |          | 2         |
| <b>73721LT</b>                                                                                          | <b>33</b> | <b>1</b> | <b>34</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</b> | <b>33</b> | <b>1</b> | <b>34</b> |
| ANESTHESIA PAIN MED                                                                                     | 1         |          | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                    | 1         |          | 1         |
| FAMILY PRACTICE                                                                                         | 3         |          | 3         |
| IM SPORTS MEDICINE                                                                                      | 2         |          | 2         |
| NURSE PRACTITIONER                                                                                      | 2         |          | 2         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                          | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                      | 19        |          | 19        |
| PHYSICIAN ASSISTANT                                                                                     | 1         | 1        | 2         |
| PODIATRIST FOOT & ANKLE                                                                                 | 1         |          | 1         |
| PODIATRY                                                                                                | 2         |          | 2         |
| <b>73721RT</b>                                                                                          | <b>26</b> | <b>1</b> | <b>27</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</b> | <b>26</b> | <b>1</b> | <b>27</b> |
| FAMILY PRACTICE                                                                                         | 1         |          | 1         |
| FAMILY PRACTICE SPORTS MED                                                                              | 1         |          | 1         |
| IM SPORTS MEDICINE                                                                                      | 1         |          | 1         |
| INTERNAL MEDICINE                                                                                       | 1         | 1        | 2         |
| NULL                                                                                                    | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                      | 1         |          | 1         |
| ORTHOPAEDIC SURGERY SPORTS MED                                                                          | 2         |          | 2         |
| ORTHOPEDIC SURGERY                                                                                      | 14        |          | 14        |
| PEDIATRIC                                                                                               | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                     | 1         |          | 1         |
| PODIATRIST FOOT & ANKLE                                                                                 | 1         |          | 1         |
| PODIATRY                                                                                                | 1         |          | 1         |
| <b>73722RT</b>                                                                                          | <b>1</b>  |          | <b>1</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)</b> | <b>1</b>  |          | <b>1</b>  |
| ORTHOPEDIC SURGERY                                                                                      | 1         |          | 1         |
| <b>73723</b>                                                                                            | <b>15</b> |          | <b>15</b> |

|                                                                                                                                                                    |           |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>15</b> |          | <b>15</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                                                               | 3         |          | 3         |
| IM RHEUMATOLOGY                                                                                                                                                    | 2         |          | 2         |
| IM SPORTS MEDICINE                                                                                                                                                 | 1         |          | 1         |
| INTERNAL MEDICINE                                                                                                                                                  | 4         |          | 4         |
| ORTHOPAEDIC SURGERY FOOT&ANKLE                                                                                                                                     | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                 | 1         |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                          | 1         |          | 1         |
| PODIATRY                                                                                                                                                           | 2         |          | 2         |
| <b>73723LT</b>                                                                                                                                                     | <b>3</b>  |          | <b>3</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>3</b>  |          | <b>3</b>  |
| FAMILY PRACTICE                                                                                                                                                    | 1         |          | 1         |
| IM INFECTIOUS DISEASE                                                                                                                                              | 1         |          | 1         |
| ORTHOPEDIC SURGERY                                                                                                                                                 | 1         |          | 1         |
| <b>73723RT</b>                                                                                                                                                     | <b>2</b>  |          | <b>2</b>  |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b> | <b>2</b>  |          | <b>2</b>  |
| FAMILY PRACTICE                                                                                                                                                    | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                | 1         |          | 1         |
| <b>73725</b>                                                                                                                                                       | <b>1</b>  |          | <b>1</b>  |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)</b>                                                                       | <b>1</b>  |          | <b>1</b>  |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                       | 1         |          | 1         |
| <b>74150</b>                                                                                                                                                       | <b>5</b>  |          | <b>5</b>  |
| <b>COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL</b>                                                                                                     | <b>5</b>  |          | <b>5</b>  |
| FAMILY PRACTICE                                                                                                                                                    | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                 | 3         |          | 3         |
| UROLOGY                                                                                                                                                            | 1         |          | 1         |
| <b>74160</b>                                                                                                                                                       | <b>12</b> |          | <b>12</b> |
| <b>COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)</b>                                                                                                     | <b>12</b> |          | <b>12</b> |
| FAMILY PRACTICE                                                                                                                                                    | 2         |          | 2         |
| GENERAL SURGERY                                                                                                                                                    | 1         |          | 1         |
| IM GATROENTEROLOGY                                                                                                                                                 | 2         |          | 2         |
| IM MEDICAL ONCOLOGY                                                                                                                                                | 4         |          | 4         |
| INTERNAL MEDICINE                                                                                                                                                  | 2         |          | 2         |
| NURSE PRACTITIONER                                                                                                                                                 | 1         |          | 1         |
| <b>74170</b>                                                                                                                                                       | <b>14</b> | <b>1</b> | <b>15</b> |
| <b>COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</b>                                              | <b>14</b> |          | <b>15</b> |
| FAMILY PRACTICE                                                                                                                                                    | 1         | 1        | 2         |
| GENERAL SURGERY                                                                                                                                                    | 1         |          | 1         |
| IM ENDOCRINOLOGY DIABETES&META                                                                                                                                     | 1         |          | 1         |

|                                                                                                                                                              |            |          |           |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-----------|------------|
| IM GATROENTEROLOGY                                                                                                                                           | 1          |          |           | 1          |
| IM MEDICAL ONCOLOGY                                                                                                                                          | 2          |          |           | 2          |
| INTERNAL MEDICINE                                                                                                                                            | 2          |          |           | 2          |
| PHYSICIAN ASSISTANT                                                                                                                                          | 1          |          |           | 1          |
| SPECIALIST                                                                                                                                                   | 1          |          |           | 1          |
| TRANSPLANT SURGERY                                                                                                                                           | 2          |          |           | 2          |
| UROLOGY                                                                                                                                                      | 2          |          |           | 2          |
| <b>74174</b>                                                                                                                                                 | <b>6</b>   |          |           | <b>6</b>   |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING</b> | <b>6</b>   |          |           | <b>6</b>   |
| IM CARDIOVASCULAR DISEASE                                                                                                                                    | 1          |          |           | 1          |
| IM MEDICAL ONCOLOGY                                                                                                                                          | 1          |          |           | 1          |
| INTERNAL MEDICINE                                                                                                                                            | 1          |          |           | 1          |
| PLASTIC & RECONSTRUCTIVE SURG                                                                                                                                | 1          |          |           | 1          |
| VASCULAR SURGERY                                                                                                                                             | 2          |          |           | 2          |
| <b>74175</b>                                                                                                                                                 | <b>1</b>   |          |           | <b>1</b>   |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING</b>            | <b>1</b>   |          |           | <b>1</b>   |
| FAMILY PRACTICE                                                                                                                                              | 1          |          |           | 1          |
| <b>74176</b>                                                                                                                                                 | <b>96</b>  | <b>1</b> |           | <b>97</b>  |
| <b>COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL</b>                                                                                    | <b>96</b>  | <b>1</b> |           | <b>97</b>  |
| DIAGNOSTIC RADIOLOGY                                                                                                                                         | 1          |          |           | 1          |
| FAMILY PRACTICE                                                                                                                                              | 26         | 1        |           | 27         |
| GENERAL SURGERY                                                                                                                                              | 2          |          |           | 2          |
| IM GATROENTEROLOGY                                                                                                                                           | 1          |          |           | 1          |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                       | 2          |          |           | 2          |
| INTERNAL MEDICINE                                                                                                                                            | 3          |          |           | 3          |
| NULL                                                                                                                                                         | 3          |          |           | 3          |
| NURSE PRACTITIONER                                                                                                                                           | 10         |          |           | 10         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                    | 1          |          |           | 1          |
| PEDIATRIC                                                                                                                                                    | 2          |          |           | 2          |
| PHYSICIAN ASSISTANT                                                                                                                                          | 15         |          |           | 15         |
| SPECIALIST                                                                                                                                                   | 1          |          |           | 1          |
| STUDENT IN ORGANIZED CARE                                                                                                                                    | 1          |          |           | 1          |
| UROLOGY                                                                                                                                                      | 28         |          |           | 28         |
| <b>74177</b>                                                                                                                                                 | <b>283</b> | <b>4</b> | <b>10</b> | <b>297</b> |
| <b>COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)</b>                                                                                    | <b>283</b> | <b>4</b> | <b>10</b> | <b>297</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                    | 1          |          |           | 1          |
| COLON RECTAL SURGERY                                                                                                                                         | 1          |          |           | 1          |
| DIAGNOSTIC RADIOLOGY                                                                                                                                         | 8          |          | 2         | 10         |
| EMERGENCY MEDICINE                                                                                                                                           | 1          |          |           | 1          |
| FAMILY PRACTICE                                                                                                                                              | 59         | 2        | 4         | 65         |
| GENERAL SURGERY                                                                                                                                              | 21         |          |           | 21         |
| HOSPITALIST                                                                                                                                                  | 1          |          |           | 1          |

|                                                                                                                                                                                        |            |          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1          |          | 1          |
| IM GATROENTEROLOGY                                                                                                                                                                     | 32         |          | 32         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 13         |          | 13         |
| IM INFECTIOUS DISEASE                                                                                                                                                                  | 1          |          | 1          |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 1          |          | 1          |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 38         | 2        | 40         |
| IM PULMONOLOGY                                                                                                                                                                         | 1          |          | 1          |
| INTERNAL MEDICINE                                                                                                                                                                      | 32         |          | 34         |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1          |          | 1          |
| NEUROLOGY                                                                                                                                                                              | 1          |          | 1          |
| NULL                                                                                                                                                                                   | 3          |          | 3          |
| NURSE PRACTITIONER                                                                                                                                                                     | 20         |          | 21         |
| OBGYN GYNECOLOGIC ONCOLOGY                                                                                                                                                             | 7          |          | 7          |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              | 11         |          | 11         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1          |          | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 18         |          | 19         |
| RADIATION ONCOLOGY                                                                                                                                                                     | 1          |          | 1          |
| STUDENT IN ORGANIZED CARE                                                                                                                                                              | 1          |          | 1          |
| SURIGCAL ONCOLOGY                                                                                                                                                                      | 2          |          | 2          |
| UROLOGY                                                                                                                                                                                | 6          |          | 6          |
| <b>74178</b>                                                                                                                                                                           | <b>110</b> | <b>2</b> | <b>112</b> |
| <b>COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIO</b> | <b>110</b> | <b>2</b> | <b>112</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                                              | 5          |          | 5          |
| FAMILY PRACTICE                                                                                                                                                                        | 16         |          | 17         |
| GENERAL SURGERY                                                                                                                                                                        | 2          |          | 2          |
| IM GATROENTEROLOGY                                                                                                                                                                     | 1          |          | 1          |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 1          |          | 1          |
| IM RHEUMOTOLOGY                                                                                                                                                                        | 1          |          | 1          |
| INTERNAL MEDICINE                                                                                                                                                                      | 9          |          | 9          |
| NULL                                                                                                                                                                                   | 3          |          | 3          |
| NURSE PRACTITIONER                                                                                                                                                                     | 6          |          | 6          |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              | 4          |          | 4          |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                           | 1          |          | 1          |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1          |          | 1          |
| PHYSICAL THERAPY                                                                                                                                                                       | 1          |          | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 7          |          | 8          |
| SPECIALIST                                                                                                                                                                             | 1          |          | 1          |
| SURIGCAL ONCOLOGY                                                                                                                                                                      | 1          |          | 1          |
| UROLOGY                                                                                                                                                                                | 48         |          | 48         |
| UROLOGY FEMALE RECON SURG                                                                                                                                                              | 2          |          | 2          |
| <b>74181</b>                                                                                                                                                                           | <b>5</b>   | <b>1</b> | <b>6</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)</b>                                                                                                  | <b>5</b>   | <b>1</b> | <b>6</b>   |
| FAMILY PRACTICE                                                                                                                                                                        | 2          |          | 2          |

|                                                                                                                                                             |            |          |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|
| IM GATROENTEROLOGY                                                                                                                                          | 1          |          | 1          |
| INTERNAL MEDICINE                                                                                                                                           | 1          |          | 1          |
| NURSE PRACTITIONER                                                                                                                                          | 1          |          | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                         |            | 1        | 1          |
| <b>74182</b>                                                                                                                                                | <b>1</b>   |          | <b>1</b>   |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)</b>                                                                          | <b>1</b>   |          | <b>1</b>   |
| DIAGNOSTIC RADIOLOGY                                                                                                                                        | 1          |          | 1          |
| <b>74183</b>                                                                                                                                                | <b>102</b> | <b>3</b> | <b>105</b> |
| <b>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</b>          | <b>102</b> | <b>3</b> | <b>105</b> |
| FAMILY PRACTICE                                                                                                                                             | 12         | 1        | 13         |
| GENERAL SURGERY                                                                                                                                             | 1          |          | 1          |
| IM GATROENTEROLOGY                                                                                                                                          | 21         | 1        | 22         |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                      | 6          |          | 6          |
| IM MEDICAL ONCOLOGY                                                                                                                                         | 3          |          | 3          |
| IM TRANSPLANT HEPATOLOGY                                                                                                                                    | 1          |          | 1          |
| INTERNAL MEDICINE                                                                                                                                           | 7          |          | 7          |
| NULL                                                                                                                                                        | 4          |          | 4          |
| NURSE PRACTITIONER                                                                                                                                          | 7          |          | 7          |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                   | 4          |          | 4          |
| PEDIATRIC NEPHROLOGY                                                                                                                                        | 1          |          | 1          |
| PHYSICAL MEDICINE & REHAB                                                                                                                                   | 2          |          | 2          |
| PHYSICIAN ASSISTANT                                                                                                                                         | 10         | 1        | 11         |
| RADIATION ONCOLOGY                                                                                                                                          | 1          |          | 1          |
| SURIGCAL ONCOLOGY                                                                                                                                           | 6          |          | 6          |
| TRANSPLANT SURGERY                                                                                                                                          | 12         |          | 12         |
| UROLOGY                                                                                                                                                     | 4          |          | 4          |
| <b>74185</b>                                                                                                                                                | <b>2</b>   |          | <b>2</b>   |
| <b>MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)</b>                                                                        | <b>2</b>   |          | <b>2</b>   |
| PLASTIC & RECONSTRUCTIVE SURG                                                                                                                               | 1          |          | 1          |
| UROLOGY                                                                                                                                                     | 1          |          | 1          |
| <b>74240</b>                                                                                                                                                |            | <b>1</b> | <b>1</b>   |
| <b>RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED IMAGES, WITHOUT KUB</b>                                                   |            | <b>1</b> | <b>1</b>   |
| PHYSICAL MEDICINE & REHAB                                                                                                                                   |            | 1        | 1          |
| <b>75557</b>                                                                                                                                                | <b>1</b>   |          | <b>1</b>   |
| <b>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;</b>                                                            | <b>1</b>   |          | <b>1</b>   |
| FAMILY PRACTICE                                                                                                                                             | 1          |          | 1          |
| <b>75561</b>                                                                                                                                                | <b>10</b>  |          | <b>10</b>  |
| <b>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES;</b> | <b>10</b>  |          | <b>10</b>  |
| IM CARDIOVASCULAR DISEASE                                                                                                                                   | 8          |          | 8          |
| INTERNAL MEDICINE                                                                                                                                           | 1          |          | 1          |
| PEDIATRIC                                                                                                                                                   | 1          |          | 1          |

|                                                                                                                                                                                        |           |           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>75563</b>                                                                                                                                                                           | <b>5</b>  | <b>5</b>  |           |
| <b>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING</b>        | <b>5</b>  | <b>5</b>  |           |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 4         | 4         |           |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 1         | 1         |           |
| <b>75565</b>                                                                                                                                                                           | <b>10</b> | <b>10</b> |           |
| <b>CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</b>                                                        | <b>10</b> | <b>10</b> |           |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 5         | 5         |           |
| INTERNAL MEDICINE                                                                                                                                                                      | 3         | 3         |           |
| NULL                                                                                                                                                                                   | 1         | 1         |           |
| PEDIATRIC                                                                                                                                                                              | 1         | 1         |           |
| <b>75571</b>                                                                                                                                                                           | <b>5</b>  | <b>2</b>  | <b>7</b>  |
| <b>COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM</b>                                                                         | <b>5</b>  | <b>2</b>  | <b>7</b>  |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                                   | 2         |           | 2         |
| FAMILY PRACTICE                                                                                                                                                                        |           | 1         | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 2         |           | 2         |
| NURSE PRACTITIONER                                                                                                                                                                     | 1         |           | 1         |
| STUDENT IN ORGANIZED CARE                                                                                                                                                              |           | 1         | 1         |
| <b>75572</b>                                                                                                                                                                           | <b>1</b>  |           | <b>1</b>  |
| <b>COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND</b>  | <b>1</b>  |           | <b>1</b>  |
| NULL                                                                                                                                                                                   | 1         |           | 1         |
| <b>75574</b>                                                                                                                                                                           | <b>55</b> | <b>5</b>  | <b>60</b> |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF</b> | <b>55</b> | <b>5</b>  | <b>60</b> |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                                   | 3         |           | 3         |
| FAMILY PRACTICE                                                                                                                                                                        |           | 1         | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 43        | 2         | 45        |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 4         |           | 4         |
| INTERNAL MEDICINE                                                                                                                                                                      | 3         |           | 3         |
| NUCLEAR MED RADIOLOGY                                                                                                                                                                  | 2         |           | 2         |
| NULL                                                                                                                                                                                   |           | 1         | 1         |
| NURSE PRACTITIONER                                                                                                                                                                     |           | 1         | 1         |
| <b>75635</b>                                                                                                                                                                           | <b>5</b>  |           | <b>5</b>  |
| <b>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOfEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND</b>  | <b>5</b>  |           | <b>5</b>  |
| NULL                                                                                                                                                                                   | 1         |           | 1         |
| VASCULAR SURGERY                                                                                                                                                                       | 4         |           | 4         |
| <b>75774</b>                                                                                                                                                                           | <b>1</b>  |           | <b>1</b>  |



|                                                                                                                                                                                 |           |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PR | 1         |          | 1         |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                            | 1         |          | 1         |
| <b>76377</b>                                                                                                                                                                    | <b>2</b>  |          | <b>2</b>  |
| 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CO | 2         |          | 2         |
| NEUROLOGICAL SURGERY                                                                                                                                                            | 1         |          | 1         |
| PSYCH&NEURO VASCULAR                                                                                                                                                            | 1         |          | 1         |
| <b>76391</b>                                                                                                                                                                    | <b>1</b>  | <b>1</b> | <b>2</b>  |
| MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY                                                                                                                                 | 1         | 1        | 2         |
| IM GATROENTEROLOGY                                                                                                                                                              | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                              |           | 1        | 1         |
| <b>76937</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VIS | 1         |          | 1         |
| NEUROLOGICAL SURGERY                                                                                                                                                            | 1         |          | 1         |
| <b>77011</b>                                                                                                                                                                    | <b>3</b>  | <b>2</b> | <b>5</b>  |
| COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION                                                                                                                      | 3         | 2        | 5         |
| OTOLARYNGOLOGY                                                                                                                                                                  | 3         | 2        | 5         |
| <b>77012</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION                         | 1         |          | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 1         |          | 1         |
| <b>77014</b>                                                                                                                                                                    | <b>5</b>  |          | <b>5</b>  |
| COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS                                                                                                          | 5         |          | 5         |
| RADIATION ONCOLOGY                                                                                                                                                              | 5         |          | 5         |
| <b>77047</b>                                                                                                                                                                    | <b>1</b>  |          | <b>1</b>  |
| MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL                                                                                                        | 1         |          | 1         |
| FAMILY PRACTICE                                                                                                                                                                 | 1         |          | 1         |
| <b>77049</b>                                                                                                                                                                    | <b>60</b> | <b>1</b> | <b>61</b> |
| MRI BREAST C-+ W/CAD BI                                                                                                                                                         | 60        | 1        | 61        |
| FAMILY PRACTICE                                                                                                                                                                 | 3         |          | 3         |
| GENERAL SURGERY                                                                                                                                                                 | 19        |          | 19        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                          | 5         |          | 5         |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 5         |          | 5         |
| INTERNAL MEDICINE                                                                                                                                                               | 2         |          | 2         |
| NURSE PRACTITIONER                                                                                                                                                              | 3         |          | 3         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       | 11        | 1        | 12        |
| PEDIATRIC                                                                                                                                                                       | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                             | 4         |          | 4         |

|                                                                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| SURIGCAL ONCOLOGY                                                                                                                                                               | 7        | 7        |
| <b>77066</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL                                                                                      | 1        | 1        |
| NULL                                                                                                                                                                            | 1        | 1        |
| <b>77261</b>                                                                                                                                                                    | <b>3</b> | <b>4</b> |
| THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE                                                                                                                                | 3        | 4        |
| DERMATOLOGY                                                                                                                                                                     | 3        | 4        |
| <b>77262</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE                                                                                                                          | 1        | 1        |
| DERMATOLOGY                                                                                                                                                                     | 1        | 1        |
| <b>77263</b>                                                                                                                                                                    | <b>5</b> | <b>5</b> |
| THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX                                                                                                                               | 5        | 5        |
| RADIATION ONCOLOGY                                                                                                                                                              | 5        | 5        |
| <b>77280</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE                                                                                                                    | 1        | 1        |
| DERMATOLOGY                                                                                                                                                                     | 1        | 1        |
| <b>77290</b>                                                                                                                                                                    | <b>3</b> | <b>3</b> |
| THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX                                                                                                                   | 3        | 3        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        | 1        |
| RADIATION ONCOLOGY                                                                                                                                                              | 2        | 2        |
| <b>77300</b>                                                                                                                                                                    | <b>3</b> | <b>3</b> |
| BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZI | 3        | 3        |
| RADIATION ONCOLOGY                                                                                                                                                              | 3        | 3        |
| <b>77301</b>                                                                                                                                                                    | <b>4</b> | <b>4</b> |
| INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS                                      | 4        | 4        |
| RADIATION ONCOLOGY                                                                                                                                                              | 4        | 4        |
| <b>77333</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)                                                                  | 1        | 1        |
| RADIATION ONCOLOGY                                                                                                                                                              | 1        | 1        |
| <b>77334</b>                                                                                                                                                                    | <b>3</b> | <b>3</b> |
| TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)                                                   | 3        | 3        |
| DERMATOLOGY                                                                                                                                                                     | 1        | 1        |
| RADIATION ONCOLOGY                                                                                                                                                              | 2        | 2        |
| <b>77336</b>                                                                                                                                                                    | <b>4</b> | <b>4</b> |
| CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUP | 4        | 4        |
| DERMATOLOGY                                                                                                                                                                     | 1        | 1        |

|                                                                                                                                                                           |            |          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|
| RADIATION ONCOLOGY                                                                                                                                                        | 3          |          | 3          |
| <b>77372</b>                                                                                                                                                              | <b>1</b>   |          | <b>1</b>   |
| <b>RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED</b> | <b>1</b>   |          | <b>1</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        | 1          |          | 1          |
| <b>77373</b>                                                                                                                                                              | <b>1</b>   |          | <b>1</b>   |
| <b>STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS</b>      | <b>1</b>   |          | <b>1</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        | 1          |          | 1          |
| <b>77385</b>                                                                                                                                                              | <b>1</b>   |          | <b>1</b>   |
| <b>INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE</b>                                                    | <b>1</b>   |          | <b>1</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        | 1          |          | 1          |
| <b>77386</b>                                                                                                                                                              | <b>4</b>   |          | <b>4</b>   |
| <b>INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX</b>                                                   | <b>4</b>   |          | <b>4</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        | 4          |          | 4          |
| <b>77387</b>                                                                                                                                                              | <b>4</b>   |          | <b>4</b>   |
| <b>GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT DELIVERY, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED</b>                           | <b>4</b>   |          | <b>4</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        | 4          |          | 4          |
| <b>77401</b>                                                                                                                                                              | <b>1</b>   |          | <b>1</b>   |
| <b>RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY</b>                                                                                            | <b>1</b>   |          | <b>1</b>   |
| DERMATOLOGY                                                                                                                                                               | 1          |          | 1          |
| <b>77402</b>                                                                                                                                                              |            | <b>1</b> | <b>1</b>   |
| <b>RADIATION TREATMENT DELIVERY, &amp;#8805;1 MEV; SIMPLE</b>                                                                                                             |            | <b>1</b> | <b>1</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        |            | 1        | 1          |
| <b>77412</b>                                                                                                                                                              | <b>4</b>   |          | <b>4</b>   |
| <b>RADIATION TREATMENT DELIVERY, &amp;#8805;1 MEV; COMPLEX</b>                                                                                                            | <b>4</b>   |          | <b>4</b>   |
| RADIATION ONCOLOGY                                                                                                                                                        | 4          |          | 4          |
| <b>77522</b>                                                                                                                                                              | <b>1</b>   |          | <b>1</b>   |
| <b>PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION</b>                                                                                                               | <b>1</b>   |          | <b>1</b>   |
| NULL                                                                                                                                                                      | 1          |          | 1          |
| <b>78306</b>                                                                                                                                                              | <b>2</b>   |          | <b>2</b>   |
| <b>BONE AND/OR JOINT IMAGING; WHOLE BODY</b>                                                                                                                              | <b>2</b>   |          | <b>2</b>   |
| IM MEDICAL ONCOLOGY                                                                                                                                                       | 1          |          | 1          |
| INTERNAL MEDICINE                                                                                                                                                         | 1          |          | 1          |
| <b>78431</b>                                                                                                                                                              | <b>3</b>   |          | <b>3</b>   |
| <b>MULTIPLE NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS, WITH CONCURRENTLY ACQUIRED CT TRANSMISSION SCAN</b>                           | <b>3</b>   |          | <b>3</b>   |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                 | 3          |          | 3          |
| <b>78452</b>                                                                                                                                                              | <b>112</b> | <b>2</b> | <b>114</b> |

|                                                                                                                                                                                        |            |          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|
| <b>MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQU</b> | <b>112</b> | <b>2</b> | <b>114</b> |
| ANESTHESIA PAIN MED                                                                                                                                                                    | 1          |          | 1          |
| FAMILY PRACTICE                                                                                                                                                                        | 2          |          | 2          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 68         | 2        | 70         |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 15         |          | 15         |
| INTERNAL MEDICINE                                                                                                                                                                      | 13         |          | 13         |
| NUCLEAR MED RADIOLOGY                                                                                                                                                                  | 5          |          | 5          |
| NULL                                                                                                                                                                                   | 4          |          | 4          |
| NURSE PRACTITIONER                                                                                                                                                                     | 3          |          | 3          |
| TRANSPLANT SURGERY                                                                                                                                                                     | 1          |          | 1          |
| <b>78453</b>                                                                                                                                                                           | <b>2</b>   |          | <b>2</b>   |
| <b>MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PE</b> | <b>2</b>   |          | <b>2</b>   |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 2          |          | 2          |
| <b>78472</b>                                                                                                                                                                           | <b>1</b>   |          | <b>1</b>   |
| <b>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 WITHOU</b> | <b>1</b>   |          | <b>1</b>   |
| INTERNAL MEDICINE                                                                                                                                                                      | 1          |          | 1          |
| <b>78473</b>                                                                                                                                                                           | <b>1</b>   |          | <b>1</b>   |
| <b>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</b>  | <b>1</b>   |          | <b>1</b>   |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 1          |          | 1          |
| <b>78492</b>                                                                                                                                                                           | <b>2</b>   |          | <b>2</b>   |
| <b>MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS</b>                                                                       | <b>2</b>   |          | <b>2</b>   |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1          |          | 1          |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 1          |          | 1          |
| <b>78815</b>                                                                                                                                                                           | <b>73</b>  | <b>1</b> | <b>74</b>  |
| <b>POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH</b>  | <b>73</b>  | <b>1</b> | <b>74</b>  |
| GENERAL SURGERY                                                                                                                                                                        | 2          |          | 2          |
| IM CRITICAL CARE MED                                                                                                                                                                   | 1          |          | 1          |
| IM ENDOCRINOLOGY DIABETES&META                                                                                                                                                         | 1          |          | 1          |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 15         |          | 15         |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 22         |          | 22         |
| IM PULMONOLOGY                                                                                                                                                                         | 3          |          | 3          |
| INTERNAL MEDICINE                                                                                                                                                                      | 6          |          | 6          |
| OBGYN GYNECOLOGIC ONCOLOGY                                                                                                                                                             | 3          |          | 3          |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              | 2          | 1        | 3          |

|                                                                                                                                                                             |           |           |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|-----------|
| OTOLARYNGOLOGY                                                                                                                                                              | 2         |           |          | 2         |
| OTOLARYNGOLOGY FACIAL                                                                                                                                                       | 1         |           |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                   | 1         |           |          | 1         |
| RADIATION ONCOLOGY                                                                                                                                                          | 11        |           |          | 11        |
| SURIGCAL ONCOLOGY                                                                                                                                                           | 1         |           |          | 1         |
| UROLOGY                                                                                                                                                                     | 2         |           |          | 2         |
| <b>78816</b>                                                                                                                                                                | <b>10</b> |           |          | <b>10</b> |
| <b>POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY</b>    | <b>10</b> |           |          | <b>10</b> |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                      | 3         |           |          | 3         |
| IM MEDICAL ONCOLOGY                                                                                                                                                         | 1         |           |          | 1         |
| INTERNAL MEDICINE                                                                                                                                                           | 2         |           |          | 2         |
| OTOLARYNGOLOGY                                                                                                                                                              | 1         |           |          | 1         |
| PSYCH&NEUROCLINNEUROPHYSIOLOGY                                                                                                                                              | 2         |           |          | 2         |
| RADIATION ONCOLOGY                                                                                                                                                          | 1         |           |          | 1         |
| <b>81161</b>                                                                                                                                                                |           | <b>1</b>  |          | <b>1</b>  |
| <b>DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED</b>                                                  |           |           |          |           |
| OBSTETRICS                                                                                                                                                                  |           | 1         |          | 1         |
| <b>81162</b>                                                                                                                                                                | <b>3</b>  | <b>21</b> |          | <b>24</b> |
| <b>BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS</b>         | <b>3</b>  | <b>21</b> |          | <b>24</b> |
| IM MEDICAL ONCOLOGY                                                                                                                                                         | 1         |           |          | 1         |
| NULL                                                                                                                                                                        | 1         |           |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                          |           | 7         |          | 7         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                   | 1         | 7         |          | 8         |
| PHYSICIAN ASSISTANT                                                                                                                                                         |           | 3         |          | 3         |
| SURIGCAL ONCOLOGY                                                                                                                                                           |           | 4         |          | 4         |
| <b>81170</b>                                                                                                                                                                | <b>1</b>  |           |          | <b>1</b>  |
| <b>ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENE ANALYSIS, VARIANTS IN THE KINASE DOMAIN</b> | <b>1</b>  |           |          | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                                                                                                                                         | 1         |           |          | 1         |
| <b>81206</b>                                                                                                                                                                |           | <b>1</b>  |          | <b>1</b>  |
| <b>BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE</b>                                          |           |           |          |           |
| IM MEDICAL ONCOLOGY                                                                                                                                                         |           | 1         |          | 1         |
| <b>81240</b>                                                                                                                                                                | <b>1</b>  | <b>2</b>  | <b>5</b> | <b>8</b>  |
| <b>F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G&gt;A VARIANT</b>                                                       | <b>1</b>  | <b>2</b>  | <b>5</b> | <b>8</b>  |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                      |           | 1         | 2        | 3         |
| IM MEDICAL ONCOLOGY                                                                                                                                                         | 1         | 1         | 1        | 3         |
| NEUROLOGY                                                                                                                                                                   |           |           | 1        | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                   |           |           | 1        | 1         |

|                                                                                                                                                                                        |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|
| <b>81241</b>                                                                                                                                                                           | <b>4</b> | <b>2</b> | <b>4</b> | <b>10</b> |
| <b>F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT</b>                                                                                     | <b>4</b> | <b>2</b> | <b>4</b> | <b>10</b> |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 3        | 1        | 1        | 5         |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    |          | 1        | 1        | 2         |
| NEUROLOGY                                                                                                                                                                              |          |          | 1        | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              |          |          | 1        | 1         |
| STUDENT IN ORGANIZED CARE                                                                                                                                                              | 1        |          |          | 1         |
| <b>81242</b>                                                                                                                                                                           |          | <b>1</b> |          | <b>1</b>  |
| <b>FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A&gt;T)</b>                                                   |          |          | <b>1</b> | <b>1</b>  |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 |          | 1        |          | 1         |
| <b>81243</b>                                                                                                                                                                           |          | <b>1</b> |          | <b>1</b>  |
| <b>FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG, FRAGILE X SYNDROME, X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) AL</b> |          |          | <b>1</b> | <b>1</b>  |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              |          | 1        |          | 1         |
| <b>81279</b>                                                                                                                                                                           | <b>2</b> |          |          | <b>2</b>  |
| <b>JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)</b>                                                                        | <b>2</b> |          |          | <b>2</b>  |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 1        |          |          | 1         |
| INTERNAL MEDICINE                                                                                                                                                                      | 1        |          |          | 1         |
| <b>81294</b>                                                                                                                                                                           |          | <b>1</b> |          | <b>1</b>  |
| <b>MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS</b>          |          |          | <b>1</b> | <b>1</b>  |
| NURSE PRACTITIONER                                                                                                                                                                     |          | 1        |          | 1         |
| <b>81295</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |          | <b>2</b>  |
| <b>MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS</b>                 | <b>1</b> | <b>1</b> |          | <b>2</b>  |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 1        | 1        |          | 2         |
| <b>81306</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b>  |
| <b>NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)</b>                                                                     | <b>1</b> |          |          | <b>1</b>  |
| IM GATROENTEROLOGY                                                                                                                                                                     | 1        |          |          | 1         |
| <b>81332</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b>  |
| <b>SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS (EG, *S AND</b>  | <b>1</b> |          |          | <b>1</b>  |
| IM PULMONOLOGY                                                                                                                                                                         | 1        |          |          | 1         |
| <b>81335</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b>  |
| <b>TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)</b>                                                                        | <b>1</b> |          |          | <b>1</b>  |
| NEUROLOGY                                                                                                                                                                              | 1        |          |          | 1         |
| <b>81338</b>                                                                                                                                                                           | <b>2</b> | <b>1</b> |          | <b>3</b>  |

|                                                                                                                                                                                 |          |          |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)                             | 2        | 1        |          | 3        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                          | 1        |          |          | 1        |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 1        | 1        |          | 2        |
| <b>81339</b>                                                                                                                                                                    |          | <b>1</b> |          | <b>1</b> |
| MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10                                                   |          | 1        |          | 1        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                          |          | 1        |          | 1        |
| <b>81400</b>                                                                                                                                                                    |          |          | <b>1</b> | <b>1</b> |
| MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE VARIANT [EG, SNP] BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT CURVE ANALYSIS)ACADM |          |          | 1        | 1        |
| NEUROLOGY                                                                                                                                                                       |          |          | 1        | 1        |
| <b>81401</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> | <b>2</b> | <b>6</b> |
| MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DY | 2        | 2        | 2        | 6        |
| FAMILY PRACTICE                                                                                                                                                                 |          |          | 1        | 1        |
| IM MEDICAL ONCOLOGY                                                                                                                                                             |          | 2        |          | 2        |
| IM SPORTS MEDICINE                                                                                                                                                              | 1        |          |          | 1        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        |          |          | 1        |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    |          |          | 1        | 1        |
| <b>81403</b>                                                                                                                                                                    |          | <b>1</b> |          | <b>1</b> |
| MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, |          |          | 1        | 1        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       |          |          | 1        | 1        |
| <b>81408</b>                                                                                                                                                                    | <b>1</b> |          |          | <b>1</b> |
| MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS) ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA), F | 1        |          |          | 1        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                          | 1        |          |          | 1        |
| <b>81420</b>                                                                                                                                                                    |          | <b>3</b> |          | <b>3</b> |
| FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSO |          |          | 3        | 3        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       |          |          | 3        | 3        |
| <b>81479</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> | <b>2</b> |
| UNLISTED MOLECULAR PATHOLOGY PROCEDURE                                                                                                                                          | 1        |          | 1        | 2        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                          |          |          | 1        | 1        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       | 1        |          |          | 1        |
| <b>81519</b>                                                                                                                                                                    | <b>5</b> | <b>1</b> |          | <b>6</b> |
| ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE   | 5        | 1        |          | 6        |

|                                                                                                                                                                                                |          |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| GENERAL SURGERY                                                                                                                                                                                |          | 1        | 1        |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                         | 1        |          | 1        |
| IM MEDICAL ONCOLOGY                                                                                                                                                                            | 2        |          | 2        |
| SURIGCAL ONCOLOGY                                                                                                                                                                              | 2        |          | 2        |
| <b>84999</b>                                                                                                                                                                                   | <b>1</b> |          | <b>1</b> |
| <b>UNLISTED CHEMISTRY PROCEDURE</b>                                                                                                                                                            | <b>1</b> |          | <b>1</b> |
| IM MEDICAL ONCOLOGY                                                                                                                                                                            | 1        |          | 1        |
| <b>85610</b>                                                                                                                                                                                   | <b>1</b> |          | <b>1</b> |
| <b>PROTHROMBIN TIME;</b>                                                                                                                                                                       | <b>1</b> |          | <b>1</b> |
| NULL                                                                                                                                                                                           | 1        |          | 1        |
| <b>88305</b>                                                                                                                                                                                   |          | <b>2</b> | <b>2</b> |
| <b>LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION<br/>ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY<br/>BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR</b> |          | <b>2</b> | <b>2</b> |
| IM MEDICAL ONCOLOGY                                                                                                                                                                            |          | 2        | 2        |
| <b>90378</b>                                                                                                                                                                                   | <b>2</b> |          | <b>2</b> |
| <b>RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR<br/>INTRAMUSCULAR USE, 50 MG, EACH</b>                                                                                   | <b>2</b> |          | <b>2</b> |
| PEDIATRIC                                                                                                                                                                                      | 2        |          | 2        |
| <b>90678</b>                                                                                                                                                                                   |          | <b>1</b> | <b>1</b> |
| <b>RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR<br/>INTRAMUSCULAR USE</b>                                                                                                 |          | <b>1</b> | <b>1</b> |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                                      |          | 1        | 1        |
| <b>90747</b>                                                                                                                                                                                   |          | <b>1</b> | <b>1</b> |
| <b>HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT<br/>DOSAGE, 4 DOSE SCHEDULE, FOR INTRAMUSCULAR USE</b>                                                                     |          | <b>1</b> | <b>1</b> |
| IM NEPHROLOGY                                                                                                                                                                                  |          | 1        | 1        |
| <b>90791</b>                                                                                                                                                                                   | <b>2</b> |          | <b>2</b> |
| <b>PSYCHIATRIC DIAGNOSTIC EVALUATION</b>                                                                                                                                                       | <b>2</b> |          | <b>2</b> |
| NULL                                                                                                                                                                                           | 1        |          | 1        |
| PEDIATRICS NEURODEVELOPMENTAL                                                                                                                                                                  | 1        |          | 1        |
| <b>90833</b>                                                                                                                                                                                   |          | <b>1</b> | <b>1</b> |
| <b>PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN<br/>EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE<br/>CODE FOR PRIMARY PROCEDURE)</b>                 |          | <b>1</b> | <b>1</b> |
| NURSE PRACTITIONER                                                                                                                                                                             |          | 1        | 1        |
| <b>90834</b>                                                                                                                                                                                   |          | <b>2</b> | <b>2</b> |
| <b>PSYCHOTHERAPY, 45 MINUTES WITH PATIENT</b>                                                                                                                                                  |          | <b>2</b> | <b>2</b> |
| BEHAVIORAL HEALTH                                                                                                                                                                              |          | 1        | 1        |
| NULL                                                                                                                                                                                           |          | 1        | 1        |
| <b>90836</b>                                                                                                                                                                                   |          | <b>1</b> | <b>1</b> |
| <b>PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN<br/>EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE<br/>CODE FOR PRIMARY PROCEDURE)</b>                 |          | <b>1</b> | <b>1</b> |
| NULL                                                                                                                                                                                           |          | 1        | 1        |
| <b>90837</b>                                                                                                                                                                                   |          | <b>4</b> | <b>4</b> |
| <b>PSYCHOTHERAPY, 60 MINUTES WITH PATIENT</b>                                                                                                                                                  |          | <b>4</b> | <b>4</b> |
| BEHAVIORAL HEALTH                                                                                                                                                                              |          | 2        | 2        |



|                                                                                                                                                                                 |          |          |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| NULL                                                                                                                                                                            |          | 2        |          | 2        |
| <b>9083795</b>                                                                                                                                                                  | <b>1</b> |          |          | <b>1</b> |
| PSYCHOTHERAPY, 60 MINUTES WITH PATIENT                                                                                                                                          | 1        |          |          | 1        |
| BEHAVIORAL HEALTH                                                                                                                                                               | 1        |          |          | 1        |
| <b>90838</b>                                                                                                                                                                    | <b>1</b> |          |          | <b>1</b> |
| PSYCHOTHERAPY, 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)                 | 1        |          |          | 1        |
| NULL                                                                                                                                                                            | 1        |          |          | 1        |
| <b>90867</b>                                                                                                                                                                    | <b>3</b> |          | <b>1</b> | <b>4</b> |
| THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT           | 3        |          | 1        | 4        |
| PSYCHIATRY                                                                                                                                                                      | 3        |          | 1        | 4        |
| <b>90868</b>                                                                                                                                                                    | <b>5</b> | <b>1</b> | <b>1</b> | <b>7</b> |
| THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION                                                       | 5        | 1        | 1        | 7        |
| NULL                                                                                                                                                                            | 1        |          |          | 1        |
| PSYCH&NEURO GERIATRIC                                                                                                                                                           | 1        |          |          | 1        |
| PSYCHIATRY                                                                                                                                                                      | 3        | 1        | 1        | 5        |
| <b>90912</b>                                                                                                                                                                    | <b>1</b> |          |          | <b>1</b> |
| BIOFEEDBACK TRAINING FOR BOWEL OR BLADDER CONTROL, INITIAL 15 MINUTES                                                                                                           | 1        |          |          | 1        |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                       | 1        |          |          | 1        |
| <b>90999</b>                                                                                                                                                                    | <b>1</b> | <b>5</b> |          | <b>6</b> |
| UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT                                                                                                                            | 1        | 5        |          | 6        |
| IM NEPHROLOGY                                                                                                                                                                   | 1        | 3        |          | 4        |
| NULL                                                                                                                                                                            |          | 1        |          | 1        |
| PEDIATRIC NEPHROLOGY                                                                                                                                                            |          | 1        |          | 1        |
| <b>92507</b>                                                                                                                                                                    | <b>4</b> |          |          | <b>4</b> |
| TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL                                                                            | 4        |          |          | 4        |
| NULL                                                                                                                                                                            | 1        |          |          | 1        |
| PEDIATRIC                                                                                                                                                                       | 2        |          |          | 2        |
| SPEECH THERAPY                                                                                                                                                                  | 1        |          |          | 1        |
| <b>92523</b>                                                                                                                                                                    |          | <b>1</b> |          | <b>1</b> |
| EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AN |          | 1        |          | 1        |
| NULL                                                                                                                                                                            |          | 1        |          | 1        |
| <b>92960</b>                                                                                                                                                                    | <b>1</b> |          |          | <b>1</b> |
| CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL                                                                                                          | 1        |          |          | 1        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       | 1        |          |          | 1        |
| <b>93015</b>                                                                                                                                                                    | <b>1</b> |          |          | <b>1</b> |

|                                                                                                                                                                                        |            |          |          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|------------|
| <b>CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; WITH SUPERVISI</b> | 1          |          |          | 1          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1          |          |          | 1          |
| <b>93228</b>                                                                                                                                                                           | <b>4</b>   |          |          | <b>4</b>   |
| <b>EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA</b>  | 4          |          |          | 4          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 3          |          |          | 3          |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 1          |          |          | 1          |
| <b>93247</b>                                                                                                                                                                           |            | <b>1</b> |          | <b>1</b>   |
| <b>EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT</b>                            |            |          | 1        | 1          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              |            |          | 1        | 1          |
| <b>93303</b>                                                                                                                                                                           | <b>51</b>  |          |          | <b>51</b>  |
| <b>TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE</b>                                                                                                       | 51         |          |          | 51         |
| FAMILY PRACTICE                                                                                                                                                                        | 3          |          |          | 3          |
| INTERNAL MEDICINE                                                                                                                                                                      | 3          |          |          | 3          |
| NULL                                                                                                                                                                                   | 2          |          |          | 2          |
| NURSE PRACTITIONER                                                                                                                                                                     | 2          |          |          | 2          |
| PEDIATRIC                                                                                                                                                                              | 3          |          |          | 3          |
| PEDIATRIC CARDIOLOGY                                                                                                                                                                   | 37         |          |          | 37         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1          |          |          | 1          |
| <b>93306</b>                                                                                                                                                                           | <b>606</b> | <b>7</b> | <b>1</b> | <b>614</b> |
| <b>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH</b> | 606        | 7        | 1        | 614        |
| FAMILY PRACTICE                                                                                                                                                                        | 18         |          |          | 18         |
| FAMILY PRACTICE SPORTS MED                                                                                                                                                             | 1          |          |          | 1          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 382        | 3        |          | 385        |
| IM CRITICALCARE ELCTROPHYSIOLO                                                                                                                                                         | 1          |          |          | 1          |
| IM GATROENTEROLOGY                                                                                                                                                                     | 1          |          |          | 1          |
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 10         |          |          | 10         |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 52         |          |          | 52         |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 11         | 1        |          | 12         |
| IM PULMONOLOGY                                                                                                                                                                         | 5          |          |          | 5          |
| IM RHEUMOTOLOGY                                                                                                                                                                        | 1          |          |          | 1          |
| IM SPORTS MEDICINE                                                                                                                                                                     | 1          |          |          | 1          |
| INTERNAL MEDICINE                                                                                                                                                                      | 43         | 3        |          | 46         |
| NEUROLOGY                                                                                                                                                                              | 1          |          |          | 1          |
| NUCLEAR MED CARDIOLOGY                                                                                                                                                                 | 22         |          |          | 22         |
| NULL                                                                                                                                                                                   | 11         |          |          | 11         |
| NURSE PRACTITIONER                                                                                                                                                                     | 19         |          |          | 19         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                              | 1          |          |          | 1          |

|                                                                                                                                                                                        |           |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| OPHTHALMOLOGY                                                                                                                                                                          | 1         |          | 1         |
| PEDIATRIC                                                                                                                                                                              | 1         |          | 1         |
| PEDIATRIC CARDIOLOGY                                                                                                                                                                   | 22        |          | 22        |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 2         | 1        | 3         |
| <b>93307</b>                                                                                                                                                                           | <b>2</b>  |          | <b>2</b>  |
| <b>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAP</b> | <b>2</b>  |          | <b>2</b>  |
| INTERNAL MEDICINE                                                                                                                                                                      | 2         |          | 2         |
| <b>93308</b>                                                                                                                                                                           | <b>1</b>  | <b>2</b> | <b>3</b>  |
| <b>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY</b>                                 | <b>1</b>  | <b>2</b> | <b>3</b>  |
| INTERNAL MEDICINE                                                                                                                                                                      | 1         |          | 1         |
| NULL                                                                                                                                                                                   |           | 2        | 2         |
| <b>93312</b>                                                                                                                                                                           | <b>2</b>  |          | <b>2</b>  |
| <b>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL-TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND</b> | <b>2</b>  |          | <b>2</b>  |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 2         |          | 2         |
| <b>93320</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE</b>               | <b>1</b>  |          | <b>1</b>  |
| PEDIATRIC CARDIOLOGY                                                                                                                                                                   | 1         |          | 1         |
| <b>93325</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)</b>                                                                | <b>1</b>  |          | <b>1</b>  |
| PEDIATRIC CARDIOLOGY                                                                                                                                                                   | 1         |          | 1         |
| <b>93350</b>                                                                                                                                                                           | <b>4</b>  |          | <b>4</b>  |
| <b>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL</b> | <b>4</b>  |          | <b>4</b>  |
| FAMILY PRACTICE                                                                                                                                                                        | 2         |          | 2         |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1         |          | 1         |
| <b>93351</b>                                                                                                                                                                           | <b>57</b> | <b>1</b> | <b>58</b> |
| <b>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL</b> | <b>57</b> | <b>1</b> | <b>58</b> |
| FAMILY PRACTICE                                                                                                                                                                        | 1         |          | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 44        | 1        | 45        |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 4         |          | 4         |
| INTERNAL MEDICINE                                                                                                                                                                      | 6         |          | 6         |

|                                                                                                                                                                                        |           |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                                     | 1         |          | 1         |
| <b>93355</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL INTERVENTION(S) (EG,TAVR, TRANSCATHETHER PULMONARY VALVE REP</b> | <b>1</b>  |          | <b>1</b>  |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1         |          | 1         |
| <b>93451</b>                                                                                                                                                                           | <b>6</b>  |          | <b>6</b>  |
| <b>RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED</b>                                                                    | <b>6</b>  |          | <b>6</b>  |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 5         |          | 5         |
| INTERNAL MEDICINE                                                                                                                                                                      | 1         |          | 1         |
| <b>93458</b>                                                                                                                                                                           | <b>31</b> | <b>1</b> | <b>32</b> |
| <b>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WIT</b> | <b>31</b> | <b>1</b> | <b>32</b> |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 19        | 1        | 20        |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 6         |          | 6         |
| INTERNAL MEDICINE                                                                                                                                                                      | 4         |          | 4         |
| NULL                                                                                                                                                                                   | 2         |          | 2         |
| <b>93459</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WIT</b> | <b>1</b>  | <b>1</b> | <b>2</b>  |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1         | 1        | 2         |
| <b>93460</b>                                                                                                                                                                           | <b>6</b>  | <b>1</b> | <b>7</b>  |
| <b>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WIT</b> | <b>6</b>  | <b>1</b> | <b>7</b>  |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 2         | 1        | 3         |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                           | 3         |          | 3         |
| INTERNAL MEDICINE                                                                                                                                                                      | 1         |          | 1         |
| <b>93597</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S);AB NATIVE CON</b> | <b>1</b>  |          | <b>1</b>  |
| PEDIATRIC CARDIOLOGY                                                                                                                                                                   | 1         |          | 1         |
| <b>93622</b>                                                                                                                                                                           |           | <b>1</b> | <b>1</b>  |
| <b>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH LEF</b> |           | <b>1</b> | <b>1</b>  |
| IM CRITICALCARE ELCTROPHYSIOLO                                                                                                                                                         |           | 1        | 1         |
| <b>93623</b>                                                                                                                                                                           | <b>2</b>  |          | <b>2</b>  |

|                                                                                                                                                                                       |            |          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|
| PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION<br>(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                                      | 2          |          | 2          |
| PEDIATRIC CARDIOLOGY                                                                                                                                                                  | 2          |          | 2          |
| <b>93654</b>                                                                                                                                                                          | <b>3</b>   |          | <b>3</b>   |
| COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND<br>REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR<br>ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH R | 3          |          | 3          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                             | 3          |          | 3          |
| <b>93655</b>                                                                                                                                                                          | <b>1</b>   |          | <b>1</b>   |
| INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF<br>ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY ABLATED MECHANISM,<br>INCLUDING REPEAT DIAGNOSTIC MANEUVERS, TO TREAT A SP | 1          |          | 1          |
| IM CRITICALCARE ELCTROPHYSIOLO                                                                                                                                                        | 1          |          | 1          |
| <b>93657</b>                                                                                                                                                                          |            | <b>1</b> | <b>1</b>   |
| ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT<br>OR RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION REMAINING AFTER<br>COMPLETION OF PULMONARY VEIN ISOLATI |            | 1        | 1          |
| IM CRITICALCARE ELCTROPHYSIOLO                                                                                                                                                        |            | 1        | 1          |
| <b>93662</b>                                                                                                                                                                          | <b>1</b>   | <b>1</b> | <b>2</b>   |
| INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC<br>INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST<br>SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO | 1          | 1        | 2          |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                             | 1          |          | 1          |
| IM CRITICALCARE ELCTROPHYSIOLO                                                                                                                                                        |            | 1        | 1          |
| <b>95716</b>                                                                                                                                                                          |            | <b>1</b> | <b>1</b>   |
| ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL<br>DESCRIPTION BY EEG TECHNOLOGIST,EACH INCREMENT OF 12-26 HRS;<br>W/CONTINUOUS, REAL-TIME MONITORING & MAINTENANCE |            | 1        | 1          |
| NEUROLOGY                                                                                                                                                                             |            | 1        | 1          |
| <b>95720</b>                                                                                                                                                                          | <b>1</b>   |          | <b>1</b>   |
| CONTINUOUS MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26<br>HOURS, WITH HEALTH CARE PROFESSIONAL ANALYSIS, INTERPRETATION AND<br>REPORT                                 | 1          |          | 1          |
| NEUROLOGY                                                                                                                                                                             | 1          |          | 1          |
| <b>95782</b>                                                                                                                                                                          | <b>4</b>   |          | <b>4</b>   |
| POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE<br>ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST                                                     | 4          |          | 4          |
| NURSE PRACTITIONER                                                                                                                                                                    | 1          |          | 1          |
| OTOLARYNGOLOGY                                                                                                                                                                        | 1          |          | 1          |
| PEDIATRIC PULMONOLOGY                                                                                                                                                                 | 1          |          | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                                   | 1          |          | 1          |
| <b>95800</b>                                                                                                                                                                          | <b>202</b> | <b>5</b> | <b>207</b> |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|
| <b>SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS (EG, BY AIRFLOW OR PERIPHERAL ARTERIAL TONE), AND SLEEP TIME</b>               | <b>202</b> | <b>5</b> | <b>207</b> |
| FAMILY PRACTICE                                                                                                                                                                        | 21         | 1        | 22         |
| FAMILY PRACTICE SLEEP ME                                                                                                                                                               | 10         | 1        | 11         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 2          |          | 2          |
| IM PULMONOLOGY                                                                                                                                                                         | 21         |          | 21         |
| IM SLEEP MEDICINE                                                                                                                                                                      | 43         | 2        | 45         |
| INTERNAL MEDICINE                                                                                                                                                                      | 13         |          | 13         |
| NEUROLOGY                                                                                                                                                                              | 5          |          | 5          |
| NULL                                                                                                                                                                                   | 5          | 1        | 6          |
| NURSE PRACTITIONER                                                                                                                                                                     | 15         |          | 15         |
| OTOLARYNGOLOGY                                                                                                                                                                         | 53         |          | 53         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 12         |          | 12         |
| PSYCH&NEURO DEVELOPMENTAL DIS                                                                                                                                                          | 1          |          | 1          |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                                                             | 1          |          | 1          |
| <b>95805</b>                                                                                                                                                                           | <b>2</b>   |          | <b>2</b>   |
| <b>MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SL</b> | <b>2</b>   |          | <b>2</b>   |
| IM SLEEP MEDICINE                                                                                                                                                                      | 1          |          | 1          |
| NURSE PRACTITIONER                                                                                                                                                                     | 1          |          | 1          |
| <b>95806</b>                                                                                                                                                                           | <b>22</b>  | <b>1</b> | <b>23</b>  |
| <b>SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (EG, THORACOABDOMINAL MOVEMENT)</b>                  | <b>22</b>  | <b>1</b> | <b>23</b>  |
| FAMILY PRACTICE                                                                                                                                                                        | 1          | 1        | 2          |
| IM SLEEP MEDICINE                                                                                                                                                                      | 1          |          | 1          |
| NULL                                                                                                                                                                                   | 1          |          | 1          |
| OTOLARYNGOLOGY                                                                                                                                                                         | 5          |          | 5          |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                                                             | 10         |          | 10         |
| UROLOGY                                                                                                                                                                                | 4          |          | 4          |
| <b>95810</b>                                                                                                                                                                           | <b>63</b>  | <b>2</b> | <b>65</b>  |
| <b>POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST</b>                                                  | <b>63</b>  | <b>2</b> | <b>65</b>  |
| FAMILY PRACTICE                                                                                                                                                                        | 5          |          | 5          |
| FAMILY PRACTICE SLEEP ME                                                                                                                                                               | 4          |          | 4          |
| IM PULMONOLOGY                                                                                                                                                                         | 5          |          | 5          |
| IM SLEEP MEDICINE                                                                                                                                                                      | 7          |          | 7          |
| NEUROLOGY                                                                                                                                                                              | 2          |          | 2          |
| NULL                                                                                                                                                                                   | 2          | 1        | 3          |
| NURSE PRACTITIONER                                                                                                                                                                     | 7          |          | 7          |
| OTOLARYNGOLOGY                                                                                                                                                                         | 8          |          | 8          |
| PEDIATRIC                                                                                                                                                                              | 1          |          | 1          |
| PEDIATRIC OTOLARYNOGODOLOGY                                                                                                                                                            | 1          |          | 1          |
| PEDIATRIC PULMONOLOGY                                                                                                                                                                  | 3          |          | 3          |
| PEDIATRICS NEURODEVELOPMENTAL                                                                                                                                                          | 1          |          | 1          |

|                                                                                                                                                                                        |           |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 3         |          | 3         |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                                                             | 14        |          | 14        |
| REGISTERED NURSE                                                                                                                                                                       |           | 1        | 1         |
| <b>95811</b>                                                                                                                                                                           | <b>47</b> | <b>1</b> | <b>48</b> |
| <b>POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL V</b> | <b>47</b> | <b>1</b> | <b>48</b> |
| FAMILY PRACTICE                                                                                                                                                                        | 6         |          | 6         |
| FAMILY PRACTICE SLEEP ME                                                                                                                                                               | 9         |          | 9         |
| GENERAL PRACTICE                                                                                                                                                                       | 1         |          | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1         |          | 1         |
| IM HOSPICE & PALLIATIVE CARE                                                                                                                                                           | 1         |          | 1         |
| IM PULMONOLOGY                                                                                                                                                                         | 16        |          | 16        |
| IM SLEEP MEDICINE                                                                                                                                                                      | 2         |          | 2         |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                                     | 2         |          | 2         |
| OTOLARYNGOLOGY                                                                                                                                                                         | 2         |          | 2         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 3         |          | 3         |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                                                             | 3         | 1        | 4         |
| <b>95816</b>                                                                                                                                                                           |           | <b>1</b> | <b>1</b>  |
| <b>ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY NEUROLOGY</b>                                                                                                      |           | <b>1</b> | <b>1</b>  |
| <b>95870</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN 1 EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED</b>  | <b>1</b>  |          | <b>1</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         |          | 1         |
| <b>95909</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>NERVE CONDUCTION STUDIES; 5-6 STUDIES</b>                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| <b>95938</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS</b> | <b>1</b>  |          | <b>1</b>  |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| <b>95955</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)</b>                                                                                                 | <b>1</b>  |          | <b>1</b>  |
| NEUROLOGICAL SURGERY                                                                                                                                                                   | 1         |          | 1         |
| <b>95967</b>                                                                                                                                                                           | <b>2</b>  |          | <b>2</b>  |
| <b>MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, EACH ADDITIONAL MODALITY (EG, SENSORY, MOTOR, LANGUAGE, OR VISUAL CORTEX LOCALIZATION) (LIST</b>  | <b>2</b>  |          | <b>2</b>  |
| PEDIATRICS NEURODEVELOPMENTAL                                                                                                                                                          | 2         |          | 2         |
| <b>96116</b>                                                                                                                                                                           | <b>2</b>  |          | <b>2</b>  |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VI | 2        |          | 2        |
| BEHAVIORAL HEALTH                                                                                                                                                               | 2        |          | 2        |
| <b>96132</b>                                                                                                                                                                    |          | <b>2</b> | <b>2</b> |
| NRPSYC TST EVAL PHYS/QHP 1ST                                                                                                                                                    |          | 2        | 2        |
| NULL                                                                                                                                                                            |          | 2        | 2        |
| <b>96133</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| NRPSYC TST EVAL PHYS/QHP EA                                                                                                                                                     | 1        |          | 1        |
| NULL                                                                                                                                                                            | 1        |          | 1        |
| <b>96136</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES   |          | 1        | 1        |
| NULL                                                                                                                                                                            |          | 1        | 1        |
| <b>96365</b>                                                                                                                                                                    | <b>2</b> |          | <b>2</b> |
| INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR                                                                 | 2        |          | 2        |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 1        |          | 1        |
| NEUROLOGY                                                                                                                                                                       | 1        |          | 1        |
| <b>96374</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG                                              |          | 1        | 1        |
| DIAGNOSTIC RADIOLOGY                                                                                                                                                            |          | 1        | 1        |
| <b>96922</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| EXCIMER LASER TREATMENT FOR PSORIASIS; OVER 500 SQ CM                                                                                                                           |          | 1        | 1        |
| DERMATOLOGY                                                                                                                                                                     |          | 1        | 1        |
| <b>97110</b>                                                                                                                                                                    | <b>5</b> | <b>4</b> | <b>9</b> |
| THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY                               | 5        | 4        | 9        |
| CHIROPRACTIC MEDICINE                                                                                                                                                           |          | 1        | 1        |
| NULL                                                                                                                                                                            | 2        | 1        | 3        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 2        | 2        | 4        |
| PHYSICAL THERAPY                                                                                                                                                                | 1        |          | 1        |
| <b>97112</b>                                                                                                                                                                    | <b>7</b> | <b>1</b> | <b>8</b> |
| THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SI | 7        | 1        | 8        |
| NULL                                                                                                                                                                            | 2        |          | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        |          | 1        |
| PHYSICAL THERAPY                                                                                                                                                                | 4        | 1        | 5        |
| <b>97116</b>                                                                                                                                                                    | <b>2</b> | <b>1</b> | <b>3</b> |
| THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)                                                                                | 2        | 1        | 3        |
| NULL                                                                                                                                                                            | 2        |          | 2        |



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| ORTHOPEDIC SURGERY                                                                                                                                                                     |          | 1        | 1        |
| <b>97140</b>                                                                                                                                                                           | <b>5</b> |          | <b>5</b> |
| <b>MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES</b>                                      | <b>5</b> |          | <b>5</b> |
| CHIROPRACTIC MEDICINE                                                                                                                                                                  | 1        |          | 1        |
| NULL                                                                                                                                                                                   | 1        |          | 1        |
| NURSE PRACTITIONER                                                                                                                                                                     | 1        |          | 1        |
| PHYSICAL THERAPY                                                                                                                                                                       | 2        |          | 2        |
| <b>97152</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>BHV ID SUPRT ASSMT BY 1 TECH</b>                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| BEHAVIORAL HEALTH                                                                                                                                                                      | 1        |          | 1        |
| <b>97156</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>FAM ADAPT BHV TX GDN PHY/QHP</b>                                                                                                                                                    | <b>1</b> | <b>1</b> | <b>2</b> |
| BEHAVIORAL HEALTH                                                                                                                                                                      | 1        |          | 1        |
| NULL                                                                                                                                                                                   |          | 1        | 1        |
| <b>97161</b>                                                                                                                                                                           |          | <b>1</b> | <b>1</b> |
| <b>PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION O</b> |          | 1        | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                                     |          | 1        | 1        |
| <b>97162</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN</b>  | <b>1</b> | <b>1</b> | <b>2</b> |
| NULL                                                                                                                                                                                   |          | 1        | 1        |
| PHYSICAL THERAPY                                                                                                                                                                       | 1        |          | 1        |
| <b>97164</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES</b> | <b>1</b> |          | <b>1</b> |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 1        |          | 1        |
| <b>97166</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b> |
| <b>OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES AN EXPANDED REVIEW OF</b> | <b>1</b> |          | <b>1</b> |
| INTERNAL MEDICINE                                                                                                                                                                      | 1        |          | 1        |
| <b>97530</b>                                                                                                                                                                           | <b>8</b> |          | <b>8</b> |
| <b>THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES</b>                                      | <b>8</b> |          | <b>8</b> |
| NULL                                                                                                                                                                                   | 2        |          | 2        |
| ORTHOPEDIC SURGERY                                                                                                                                                                     | 2        |          | 2        |
| PEDIATRIC                                                                                                                                                                              | 2        |          | 2        |
| PHYSICAL THERAPY                                                                                                                                                                       | 2        |          | 2        |
| <b>97530GO</b>                                                                                                                                                                         | <b>1</b> |          | <b>1</b> |

|                                                                                                                                                                                 |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|
| THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES                                      | 1        |          |          | 1         |
| OPTOMETRIST VISION THERAPY                                                                                                                                                      | 1        |          |          | 1         |
| <b>98941</b>                                                                                                                                                                    |          | <b>1</b> |          | <b>1</b>  |
| CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS                                                                                                                  |          | 1        |          | 1         |
| CHIROPRACTIC MEDICINE                                                                                                                                                           |          | 1        |          | 1         |
| <b>99183</b>                                                                                                                                                                    | <b>1</b> |          |          | <b>1</b>  |
| PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION                                                      | 1        |          |          | 1         |
| FAMILY PRACTICE                                                                                                                                                                 | 1        |          |          | 1         |
| <b>99202</b>                                                                                                                                                                    | <b>1</b> | <b>8</b> | <b>1</b> | <b>10</b> |
| OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PR | 1        | 8        | 1        | 10        |
| BEHAVIORAL HEALTH                                                                                                                                                               |          | 1        |          | 1         |
| FAMILY PRACTICE                                                                                                                                                                 |          |          | 1        | 1         |
| NULL                                                                                                                                                                            | 1        | 6        |          | 7         |
| PSYCHIATRY                                                                                                                                                                      |          | 1        |          | 1         |
| <b>99203</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |          | <b>2</b>  |
| OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL | 1        | 1        |          | 2         |
| FAMILY PRACTICE                                                                                                                                                                 |          | 1        |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                             | 1        |          |          | 1         |
| <b>99205</b>                                                                                                                                                                    | <b>2</b> | <b>4</b> | <b>1</b> | <b>7</b>  |
| OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATIO | 2        | 4        | 1        | 7         |
| CERTIFIED NURSE MIDWIFE                                                                                                                                                         |          | 2        |          | 2         |
| COLON RECTAL SURGERY                                                                                                                                                            |          | 1        |          | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       |          |          | 1        | 1         |
| NURSE PRACTITIONER                                                                                                                                                              |          | 1        |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                       | 1        |          |          | 1         |
| PSYCHIATRY                                                                                                                                                                      | 1        |          |          | 1         |
| <b>99212</b>                                                                                                                                                                    |          |          | <b>3</b> | <b>3</b>  |
| OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A |          |          | 3        | 3         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       |          |          | 3        | 3         |
| <b>99213</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> | <b>2</b>  |
| OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED  |          | 1        | 1        | 2         |

|                                                                                                                                                                                        |          |          |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              |          |          | 1        | 1        |
| NULL                                                                                                                                                                                   |          | 1        |          | 1        |
| <b>99214</b>                                                                                                                                                                           | <b>1</b> | <b>2</b> |          | <b>3</b> |
| <b>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAIL</b> | <b>1</b> | <b>2</b> |          | <b>3</b> |
| GENERAL SURGERY                                                                                                                                                                        |          | 1        |          | 1        |
| NURSE PRACTITIONER                                                                                                                                                                     |          | 1        |          | 1        |
| PEDIATRIC ENDOCRINOLOGY                                                                                                                                                                | 1        |          |          | 1        |
| <b>99215</b>                                                                                                                                                                           | <b>1</b> | <b>1</b> |          | <b>2</b> |
| <b>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A C</b> | <b>1</b> | <b>1</b> |          | <b>2</b> |
| NULL                                                                                                                                                                                   | 1        | 1        |          | 2        |
| <b>99244</b>                                                                                                                                                                           |          | <b>1</b> | <b>1</b> | <b>2</b> |
| <b>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING</b>  |          |          | 1        | 2        |
| ANESTHESIA PAIN MED                                                                                                                                                                    |          |          | 1        | 1        |
| INTERNAL MEDICINE                                                                                                                                                                      |          | 1        |          | 1        |
| <b>99245</b>                                                                                                                                                                           |          | <b>1</b> |          | <b>1</b> |
| <b>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING</b>  |          |          | 1        | 1        |
| NURSE PRACTITIONER                                                                                                                                                                     |          | 1        |          | 1        |
| <b>99304</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b> |
| <b>INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED</b>  | <b>1</b> |          |          | <b>1</b> |
| NULL                                                                                                                                                                                   | 1        |          |          | 1        |
| <b>99499</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b> |
| <b>UNLISTED EVALUATION AND MANAGEMENT SERVICE</b>                                                                                                                                      | <b>1</b> |          |          | <b>1</b> |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                              | 1        |          |          | 1        |
| <b>99601</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b> |
| <b>HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS);</b>                                                                                                         | <b>1</b> |          |          | <b>1</b> |
| IM GATROENTEROLOGY                                                                                                                                                                     | 1        |          |          | 1        |
| <b>A4239</b>                                                                                                                                                                           | <b>4</b> |          |          | <b>4</b> |
| <b>SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE</b>                  | <b>4</b> |          |          | <b>4</b> |
| IM ENDOCRINOLOGY DIABETES&META                                                                                                                                                         | 2        |          |          | 2        |
| PEDIATRIC ENDOCRINOLOGY                                                                                                                                                                | 2        |          |          | 2        |
| <b>A5500</b>                                                                                                                                                                           | <b>1</b> |          |          | <b>1</b> |

|                                                                                                                                                                                 |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SH | 1        | 1        |
| NULL                                                                                                                                                                            | 1        | 1        |
| <b>A6210</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING                                 | 1        | 1        |
| PEDIATRIC GASTROENTEROLOGY                                                                                                                                                      | 1        | 1        |
| <b>A7000</b>                                                                                                                                                                    | <b>3</b> | <b>3</b> |
| CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH                                                                                                                              | 3        | 3        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        | 1        |
| NULL                                                                                                                                                                            | 2        | 2        |
| <b>B4149</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED T | 2        | 2        |
| PEDIATRIC GASTROENTEROLOGY                                                                                                                                                      | 2        | 2        |
| <b>B4150</b>                                                                                                                                                                    | <b>2</b> | <b>2</b> |
| ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERA | 2        | 2        |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 1        | 1        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 1        | 1        |
| <b>B4152</b>                                                                                                                                                                    | <b>3</b> | <b>3</b> |
| ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND M | 3        | 3        |
| FAMILY PRACTICE                                                                                                                                                                 | 1        | 1        |
| INTERNAL MEDICINE                                                                                                                                                               | 2        | 2        |
| <b>B4153</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTE | 1        | 1        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        | 1        |
| <b>B4154</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> |
| ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES,  | 1        | 1        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        | 1        |
| <b>B4158</b>                                                                                                                                                                    | <b>3</b> | <b>3</b> |
| ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, AD | 3        | 3        |

|                                                                                                                                                                                 |          |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| IM GATROENTEROLOGY                                                                                                                                                              | 3        |          | 3        |
| <b>B4160</b>                                                                                                                                                                    | <b>3</b> | <b>1</b> | <b>4</b> |
| ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, | 3        | 1        | 4        |
| PEDIATRIC GASTROENTEROLOGY                                                                                                                                                      | 3        |          | 3        |
| PEDIATRIC HEMATOLOGY ONCOLOGY                                                                                                                                                   |          | 1        | 1        |
| <b>B9002</b>                                                                                                                                                                    | <b>2</b> |          | <b>2</b> |
| ENTERAL NUTRITION INFUSION PUMP, ANY TYPE                                                                                                                                       | 2        |          | 2        |
| NULL                                                                                                                                                                            | 2        |          | 2        |
| <b>B9002RR</b>                                                                                                                                                                  | <b>2</b> |          | <b>2</b> |
| ENTERAL NUTRITION INFUSION PUMP, ANY TYPE                                                                                                                                       | 2        |          | 2        |
| PEDIATRIC GASTROENTEROLOGY                                                                                                                                                      | 2        |          | 2        |
| <b>C1762</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)                                                                                                                                 | 1        |          | 1        |
| ORTHOPEDIC SURGERY                                                                                                                                                              | 1        |          | 1        |
| <b>C1778</b>                                                                                                                                                                    | <b>2</b> |          | <b>2</b> |
| LEAD, NEUROSTIMULATOR (IMPLANTABLE)                                                                                                                                             | 2        |          | 2        |
| OTOLARYNGOLOGY                                                                                                                                                                  | 2        |          | 2        |
| <b>C1889</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| IMPLANTABLE/INSERTABLE DEVICE FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLASSIFIED                                                                                          | 1        |          | 1        |
| NULL                                                                                                                                                                            | 1        |          | 1        |
| <b>C2624</b>                                                                                                                                                                    |          | <b>1</b> | <b>1</b> |
| IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING ALL SYSTEM COMPONENTS                                                                   |          | 1        | 1        |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                       |          | 1        | 1        |
| <b>D7880</b>                                                                                                                                                                    | <b>1</b> |          | <b>1</b> |
| OCCLUSAL ORTHOTIC APPLIANCE                                                                                                                                                     | 1        |          | 1        |
| GENERAL DENTISTRY                                                                                                                                                               | 1        |          | 1        |
| <b>E0431</b>                                                                                                                                                                    | <b>1</b> | <b>1</b> | <b>2</b> |
| PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING                                              | 1        | 1        | 2        |
| INTERNAL MEDICINE                                                                                                                                                               |          | 1        | 1        |
| NULL                                                                                                                                                                            | 1        |          | 1        |
| <b>E0431RR</b>                                                                                                                                                                  | <b>5</b> | <b>1</b> | <b>6</b> |
| PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING                                              | 5        | 1        | 6        |
| FAMILY PRACTICE                                                                                                                                                                 | 1        |          | 1        |
| IM PULMONOLOGY                                                                                                                                                                  |          | 1        | 1        |
| INTERNAL MEDICINE                                                                                                                                                               | 1        |          | 1        |
| NULL                                                                                                                                                                            | 2        |          | 2        |
| PEDIATRIC PULMONOLOGY                                                                                                                                                           | 1        |          | 1        |
| <b>E0466</b>                                                                                                                                                                    | <b>2</b> |          | <b>2</b> |
| HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)                                                                                          | 2        |          | 2        |

|                                                                                                                                                                                        |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|
| INTERNAL MEDICINE                                                                                                                                                                      | 1        |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                                     | 1        |          | 1         |
| <b>E0466RR</b>                                                                                                                                                                         | <b>1</b> |          | <b>1</b>  |
| <b>HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)</b>                                                                                          | <b>1</b> |          | <b>1</b>  |
| NURSE PRACTITIONER                                                                                                                                                                     | 1        |          | 1         |
| <b>E0470</b>                                                                                                                                                                           | <b>2</b> | <b>1</b> | <b>3</b>  |
| <b>RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE W</b> | <b>2</b> | <b>1</b> | <b>3</b>  |
| FAMILY PRACTICE                                                                                                                                                                        |          | 1        | 1         |
| IM PULMONOLOGY                                                                                                                                                                         | 2        |          | 2         |
| <b>E0470NU</b>                                                                                                                                                                         | <b>1</b> |          | <b>1</b>  |
| <b>RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE W</b> | <b>1</b> |          | <b>1</b>  |
| IM CRITICAL CARE MED                                                                                                                                                                   | 1        |          | 1         |
| <b>E0470RR</b>                                                                                                                                                                         | <b>9</b> | <b>1</b> | <b>10</b> |
| <b>RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE W</b> | <b>9</b> | <b>1</b> | <b>10</b> |
| FAMILY PRACTICE SLEEP ME                                                                                                                                                               | 1        |          | 1         |
| IM CRITICAL CARE MED                                                                                                                                                                   | 1        |          | 1         |
| IM PULMONOLOGY                                                                                                                                                                         | 3        |          | 3         |
| IM SLEEP MEDICINE                                                                                                                                                                      | 2        |          | 2         |
| NULL                                                                                                                                                                                   | 1        |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1        | 1        | 2         |
| <b>E0471</b>                                                                                                                                                                           | <b>2</b> |          | <b>2</b>  |
| <b>RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WIT</b> | <b>2</b> |          | <b>2</b>  |
| IM PULMONOLOGY                                                                                                                                                                         | 1        |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1        |          | 1         |
| <b>E0471RR</b>                                                                                                                                                                         | <b>2</b> |          | <b>2</b>  |
| <b>RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WIT</b> | <b>2</b> |          | <b>2</b>  |
| OTOLARYNGOLOGY                                                                                                                                                                         | 1        |          | 1         |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1        |          | 1         |
| <b>E0482</b>                                                                                                                                                                           | <b>1</b> |          | <b>1</b>  |
| <b>COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE</b>                                                                                                     | <b>1</b> |          | <b>1</b>  |
| NULL                                                                                                                                                                                   | 1        |          | 1         |
| <b>E0483</b>                                                                                                                                                                           |          | <b>2</b> | <b>2</b>  |

|                                                                                                                                                           |           |           |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|----------|-----------|
| <b>HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH</b>                                                  |           | 2         |          | 2         |
| NULL                                                                                                                                                      |           | 1         |          | 1         |
| PEDIATRIC PULMONOLOGY                                                                                                                                     |           | 1         |          | 1         |
| <b>E0486</b>                                                                                                                                              | <b>1</b>  | <b>1</b>  |          | <b>2</b>  |
| <b>ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT</b> | <b>1</b>  | <b>1</b>  |          | <b>2</b>  |
| GENERAL DENTISTRY                                                                                                                                         | 1         |           |          | 1         |
| NULL                                                                                                                                                      |           | 1         |          | 1         |
| <b>E0562</b>                                                                                                                                              | <b>3</b>  |           |          | <b>3</b>  |
| <b>HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</b>                                                                                      | <b>3</b>  |           |          | <b>3</b>  |
| NURSE PRACTITIONER                                                                                                                                        | 3         |           |          | 3         |
| <b>E0601</b>                                                                                                                                              | <b>55</b> | <b>13</b> | <b>2</b> | <b>70</b> |
| <b>CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE</b>                                                                                                  | <b>55</b> | <b>13</b> | <b>2</b> | <b>70</b> |
| FAMILY PRACTICE                                                                                                                                           | 4         | 1         |          | 5         |
| FAMILY PRACTICE SLEEP ME                                                                                                                                  |           | 1         |          | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                 |           | 1         |          | 1         |
| IM PULMONOLOGY                                                                                                                                            | 6         | 2         |          | 8         |
| IM SLEEP MEDICINE                                                                                                                                         | 4         |           |          | 4         |
| NEUROLOGY                                                                                                                                                 | 3         |           |          | 3         |
| NULL                                                                                                                                                      | 8         | 3         |          | 11        |
| NURSE PRACTITIONER                                                                                                                                        | 6         |           |          | 6         |
| OTOLARYNGOLOGY                                                                                                                                            | 9         | 1         |          | 10        |
| PEDIATRIC PULMONOLOGY                                                                                                                                     | 3         |           |          | 3         |
| PHYSICIAN ASSISTANT                                                                                                                                       | 4         | 1         |          | 5         |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                                | 6         | 2         | 2        | 10        |
| REGISTERED NURSE                                                                                                                                          | 2         |           |          | 2         |
| SPECIALIST                                                                                                                                                |           | 1         |          | 1         |
| <b>E0601NU</b>                                                                                                                                            | <b>1</b>  |           |          | <b>1</b>  |
| <b>CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE</b>                                                                                                  | <b>1</b>  |           |          | <b>1</b>  |
| EMERGENCY MEDICINE                                                                                                                                        | 1         |           |          | 1         |
| <b>E0601RR</b>                                                                                                                                            | <b>87</b> | <b>7</b>  | <b>1</b> | <b>95</b> |
| <b>CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE</b>                                                                                                  | <b>87</b> | <b>7</b>  | <b>1</b> | <b>95</b> |
| EMERGENCY MEDICINE                                                                                                                                        | 1         |           |          | 1         |
| FAMILY PRACTICE                                                                                                                                           | 4         | 1         |          | 5         |
| FAMILY PRACTICE SLEEP ME                                                                                                                                  | 1         |           |          | 1         |
| GENERAL PRACTICE                                                                                                                                          | 1         |           |          | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                 | 1         |           |          | 1         |
| IM CRITICAL CARE MED                                                                                                                                      | 1         |           |          | 1         |
| IM PULMONOLOGY                                                                                                                                            | 6         | 1         |          | 7         |
| IM SLEEP MEDICINE                                                                                                                                         | 12        |           |          | 12        |
| INTERNAL MEDICINE                                                                                                                                         | 1         |           |          | 1         |
| NEUROLOGY                                                                                                                                                 | 5         |           |          | 5         |
| NULL                                                                                                                                                      | 7         | 3         |          | 10        |
| NURSE PRACTITIONER                                                                                                                                        | 13        |           |          | 13        |
| OTOLARYNGOLOGY                                                                                                                                            | 15        | 1         |          | 16        |

|                                                                                                                                                |          |          |          |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| OTOLARYNGOLOGY FACIAL                                                                                                                          | 1        |          | 1        |
| PEDIATRIC PULMONOLOGY                                                                                                                          | 2        |          | 2        |
| PHYSICIAN ASSISTANT                                                                                                                            | 2        | 1        | 3        |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                     | 13       |          | 14       |
| REGISTERED NURSE                                                                                                                               | 1        |          | 1        |
| <b>E0651NU</b>                                                                                                                                 |          | <b>1</b> | <b>1</b> |
| <b>PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE</b>                                                         |          | <b>1</b> | <b>1</b> |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                   |          | 1        | 1        |
| <b>E0652NU</b>                                                                                                                                 |          | <b>1</b> | <b>1</b> |
| <b>PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE</b>                                                            |          | <b>1</b> | <b>1</b> |
| IM MEDICAL ONCOLOGY                                                                                                                            |          | 1        | 1        |
| <b>E0747</b>                                                                                                                                   | <b>4</b> |          | <b>4</b> |
| <b>OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS</b>                                                       | <b>4</b> |          | <b>4</b> |
| NULL                                                                                                                                           | 1        |          | 1        |
| ORTHOPEDIC SURGERY                                                                                                                             | 2        |          | 2        |
| PODIATRY                                                                                                                                       | 1        |          | 1        |
| <b>E0748</b>                                                                                                                                   | <b>1</b> |          | <b>1</b> |
| <b>OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS</b>                                                                  | <b>1</b> |          | <b>1</b> |
| ORTHOPEDIC SURGERY                                                                                                                             | 1        |          | 1        |
| <b>E0760</b>                                                                                                                                   | <b>1</b> |          | <b>1</b> |
| <b>OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE</b>                                                                         | <b>1</b> |          | <b>1</b> |
| PODIATRY                                                                                                                                       | 1        |          | 1        |
| <b>E0784</b>                                                                                                                                   | <b>4</b> |          | <b>4</b> |
| <b>EXTERNAL AMBULATORY INFUSION PUMP, INSULIN</b>                                                                                              | <b>4</b> |          | <b>4</b> |
| GENERAL PRACTICE                                                                                                                               | 1        |          | 1        |
| IM ENDOCRINOLOGY DIABETES&META                                                                                                                 | 2        |          | 2        |
| NULL                                                                                                                                           | 1        |          | 1        |
| <b>E1002NU</b>                                                                                                                                 | <b>1</b> |          | <b>1</b> |
| <b>WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY</b>                                                                                   | <b>1</b> |          | <b>1</b> |
| NULL                                                                                                                                           | 1        |          | 1        |
| <b>E1390RR</b>                                                                                                                                 |          | <b>1</b> | <b>1</b> |
| <b>OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE</b> |          | <b>1</b> | <b>1</b> |
| IM PULMONOLOGY                                                                                                                                 |          | 1        | 1        |
| <b>E1399</b>                                                                                                                                   | <b>1</b> |          | <b>1</b> |
| <b>DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS</b>                                                                                                | <b>1</b> |          | <b>1</b> |
| PSYCH&NEURO SLEEP MEDICINE                                                                                                                     | 1        |          | 1        |
| <b>E2219NU</b>                                                                                                                                 | <b>1</b> |          | <b>1</b> |
| <b>MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH</b>                                                                           | <b>1</b> |          | <b>1</b> |
| NULL                                                                                                                                           | 1        |          | 1        |
| <b>E2602</b>                                                                                                                                   | <b>1</b> |          | <b>1</b> |



|                                                                                                                                                                                |           |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                     | 1         |          | 1         |
| NURSE PRACTITIONER                                                                                                                                                             | 1         |          | 1         |
| <b>G0151</b>                                                                                                                                                                   | <b>1</b>  |          | <b>1</b>  |
| SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES                                                                    | 1         |          | 1         |
| NULL                                                                                                                                                                           | 1         |          | 1         |
| <b>G0166</b>                                                                                                                                                                   |           | <b>1</b> | <b>1</b>  |
| EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION                                                                                                                               |           | 1        | 1         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                      |           | 1        | 1         |
| <b>G0248</b>                                                                                                                                                                   | <b>1</b>  |          | <b>1</b>  |
| DEMONSTRATION, PRIOR TO INITIATION OF HOME INR MONITORING, FOR PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS | 1         |          | 1         |
| IM INTERVENTIONAL CARDIOLOGY                                                                                                                                                   | 1         |          | 1         |
| <b>G0249</b>                                                                                                                                                                   | <b>3</b>  |          | <b>3</b>  |
| PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO | 3         |          | 3         |
| IM CARDIOVASCULAR DISEASE                                                                                                                                                      | 1         |          | 1         |
| NULL                                                                                                                                                                           | 2         |          | 2         |
| <b>G0260</b>                                                                                                                                                                   | <b>13</b> |          | <b>13</b> |
| INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY                                        | 13        |          | 13        |
| ANESTHESIA PAIN MED                                                                                                                                                            | 2         |          | 2         |
| PAIN MANAGEMENT                                                                                                                                                                | 7         |          | 7         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                   | 4         |          | 4         |
| <b>G026050</b>                                                                                                                                                                 | <b>2</b>  |          | <b>2</b>  |
| INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY                                        | 2         |          | 2         |
| ANESTHESIA PAIN MED                                                                                                                                                            | 1         |          | 1         |
| PAIN MANAGEMENT                                                                                                                                                                | 1         |          | 1         |
| <b>G0260LT</b>                                                                                                                                                                 | <b>2</b>  |          | <b>2</b>  |
| INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY                                        | 2         |          | 2         |
| ANESTHESIA PAIN MED                                                                                                                                                            | 2         |          | 2         |
| <b>G0299</b>                                                                                                                                                                   | <b>1</b>  |          | <b>1</b>  |
| DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES                                                              | 1         |          | 1         |
| NULL                                                                                                                                                                           | 1         |          | 1         |
| <b>G0399</b>                                                                                                                                                                   | <b>1</b>  | <b>1</b> | <b>2</b>  |
| HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 CHANNELS: 2 RESPIRATORY MOVEMENT/AIRFLOW, 1 ECG/HEART RATE AND 1 OXYGEN SATURATION              | 1         | 1        | 2         |
| IM PULMONOLOGY                                                                                                                                                                 |           | 1        | 1         |

|                                                                                                                                                                                        |             |           |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-------------|
| INTERNAL MEDICINE                                                                                                                                                                      | 1           |           | 1           |
| <b>G6002</b>                                                                                                                                                                           | <b>4</b>    |           | <b>4</b>    |
| <b>STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY</b>                                                                             | <b>4</b>    |           | <b>4</b>    |
| RADIATION ONCOLOGY                                                                                                                                                                     | 4           |           | 4           |
| <b>G6013</b>                                                                                                                                                                           | <b>1</b>    |           | <b>1</b>    |
| <b>RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 11-19MEV</b>              | <b>1</b>    |           | <b>1</b>    |
| RADIATION ONCOLOGY                                                                                                                                                                     | 1           |           | 1           |
| <b>G6015</b>                                                                                                                                                                           | <b>5</b>    |           | <b>5</b>    |
| <b>INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION</b>          | <b>5</b>    |           | <b>5</b>    |
| RADIATION ONCOLOGY                                                                                                                                                                     | 5           |           | 5           |
| <b>H0010</b>                                                                                                                                                                           | <b>1</b>    |           | <b>1</b>    |
| <b>ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)</b>                                                                                | <b>1</b>    |           | <b>1</b>    |
| PSYCHIATRY                                                                                                                                                                             | 1           |           | 1           |
| <b>H0015</b>                                                                                                                                                                           | <b>10</b>   |           | <b>10</b>   |
| <b>ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT P</b> | <b>10</b>   |           | <b>10</b>   |
| BEHAVIORAL HEALTH                                                                                                                                                                      | 1           |           | 1           |
| NULL                                                                                                                                                                                   | 3           |           | 3           |
| PSYCHIATRY                                                                                                                                                                             | 6           |           | 6           |
| <b>H001595</b>                                                                                                                                                                         | <b>1</b>    |           | <b>1</b>    |
| <b>ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT P</b> | <b>1</b>    |           | <b>1</b>    |
| PSYCHIATRY                                                                                                                                                                             | 1           |           | 1           |
| <b>H0035</b>                                                                                                                                                                           | <b>12</b>   |           | <b>12</b>   |
| <b>MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS</b>                                                                                                            | <b>12</b>   |           | <b>12</b>   |
| NULL                                                                                                                                                                                   | 4           |           | 4           |
| PSYCHIATRY                                                                                                                                                                             | 7           |           | 7           |
| STUDENT IN ORGANIZED CARE                                                                                                                                                              | 1           |           | 1           |
| <b>H2036</b>                                                                                                                                                                           | <b>1</b>    |           | <b>1</b>    |
| <b>ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM</b>                                                                                                                           | <b>1</b>    |           | <b>1</b>    |
| NULL                                                                                                                                                                                   | 1           |           | 1           |
| <b>IP</b>                                                                                                                                                                              | <b>1038</b> | <b>74</b> | <b>1112</b> |
| <b>INPATIENT STAY</b>                                                                                                                                                                  | <b>1038</b> | <b>74</b> | <b>1112</b> |
| CARDIOTHORACIC SURGERY                                                                                                                                                                 | 6           |           | 6           |
| COLON RECTAL SURGERY                                                                                                                                                                   | 6           |           | 6           |
| EMERGENCY MEDICINE                                                                                                                                                                     | 3           | 1         | 4           |
| FAMILY PRACTICE                                                                                                                                                                        | 4           | 1         | 5           |
| GENERAL SURGERY                                                                                                                                                                        | 10          |           | 10          |

|                                                                                                                                                                                   |           |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| IM CARDIOVASCULAR DISEASE                                                                                                                                                         | 1         |          | 1         |
| IM GERIATRIC MED                                                                                                                                                                  | 1         |          | 1         |
| IM NEPHROLOGY                                                                                                                                                                     | 1         |          | 1         |
| IM PULMONOLOGY                                                                                                                                                                    | 3         | 2        | 5         |
| INTERNAL MEDICINE                                                                                                                                                                 | 53        | 5        | 58        |
| NEUROLOGICAL SURGERY                                                                                                                                                              | 11        | 1        | 12        |
| NULL                                                                                                                                                                              | 892       | 60       | 952       |
| NURSE PRACTITIONER                                                                                                                                                                | 1         |          | 1         |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                         | 5         |          | 5         |
| ORAL & MAXIOFACIAL SURGERY                                                                                                                                                        | 1         |          | 1         |
| ORTHOPAEDIC SURGEY OF SPINE                                                                                                                                                       | 4         |          | 4         |
| ORTHOPEDIC SURGERY                                                                                                                                                                | 2         |          | 2         |
| PEDIATRIC                                                                                                                                                                         | 4         |          | 4         |
| PEDIATRIC HEMATOLOGY ONCOLOGY                                                                                                                                                     | 3         |          | 3         |
| PEDIATRICS NEONATAL PERINATAL                                                                                                                                                     | 4         |          | 4         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                         | 2         | 1        | 3         |
| PLASTIC & RECONSTRUCTIVE SURG                                                                                                                                                     | 1         | 1        | 2         |
| PLASTIC SURGERY                                                                                                                                                                   | 3         | 1        | 4         |
| PLASTIC SURGERY HEAD & NECK                                                                                                                                                       | 2         |          | 2         |
| PSYCH&NEURO VASCULAR                                                                                                                                                              | 1         |          | 1         |
| PSYCH&NEUROCLINNEUROPHYSIOLOGY                                                                                                                                                    | 1         |          | 1         |
| PSYCHIATRY                                                                                                                                                                        | 6         |          | 6         |
| STUDENT IN ORGANIZED CARE                                                                                                                                                         | 2         |          | 2         |
| SURGICAL CRITICAL CARE                                                                                                                                                            | 1         |          | 1         |
| SURIGCAL ONCOLOGY                                                                                                                                                                 | 1         |          | 1         |
| UROLOGY                                                                                                                                                                           | 1         | 1        | 2         |
| VASCULAR SURGERY                                                                                                                                                                  | 2         |          | 2         |
| <b>J0129</b>                                                                                                                                                                      | <b>1</b>  |          | <b>1</b>  |
| <b>INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)</b> | <b>1</b>  |          | <b>1</b>  |
| IM RHEUMATOLOGY                                                                                                                                                                   | 1         |          | 1         |
| <b>J0178</b>                                                                                                                                                                      | <b>13</b> |          | <b>13</b> |
| <b>INJECTION, AFLIBERCEPT, 1 MG</b>                                                                                                                                               | <b>13</b> |          | <b>13</b> |
| NULL                                                                                                                                                                              | 4         |          | 4         |
| OPHTHALMOLOGY                                                                                                                                                                     | 8         |          | 8         |
| SPECIALIST                                                                                                                                                                        | 1         |          | 1         |
| <b>J0490</b>                                                                                                                                                                      | <b>3</b>  |          | <b>3</b>  |
| <b>INJECTION, BELIMUMAB, 10 MG</b>                                                                                                                                                | <b>3</b>  |          | <b>3</b>  |
| IM RHEUMATOLOGY                                                                                                                                                                   | 1         |          | 1         |
| NULL                                                                                                                                                                              | 2         |          | 2         |
| <b>J0585</b>                                                                                                                                                                      | <b>33</b> | <b>1</b> | <b>34</b> |
| <b>INJECTION, ONABOTULINUMTOXINA, 1 UNIT</b>                                                                                                                                      | <b>33</b> | <b>1</b> | <b>34</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                                         | 2         |          | 2         |
| GENERAL SURGERY                                                                                                                                                                   | 1         |          | 1         |
| NEUROLOGY                                                                                                                                                                         | 11        |          | 11        |
| NULL                                                                                                                                                                              | 12        | 1        | 13        |

|                                                                                                                                                                                        |           |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------|
| OPHTHALMOLOGY                                                                                                                                                                          | 1         |          | 1         |
| PEDIATRICS NEURODEVELOPMENTAL                                                                                                                                                          | 1         |          | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                              | 1         |          | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                                     | 1         |          | 1         |
| PMRE SPINAL CORD INJURY MED                                                                                                                                                            | 1         |          | 1         |
| PSYCHIATRY                                                                                                                                                                             | 1         |          | 1         |
| UROLOGY                                                                                                                                                                                | 1         |          | 1         |
| <b>J0588</b>                                                                                                                                                                           | <b>1</b>  | <b>1</b> | <b>2</b>  |
| <b>INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT</b>                                                                                                                                         | <b>1</b>  | <b>1</b> | <b>2</b>  |
| NEUROLOGY                                                                                                                                                                              |           | 1        | 1         |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| <b>J0717</b>                                                                                                                                                                           | <b>10</b> |          | <b>10</b> |
| <b>INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTER</b> | <b>10</b> |          | <b>10</b> |
| FAMILY PRACTICE                                                                                                                                                                        | 4         |          | 4         |
| IM RHEUMATOLOGY                                                                                                                                                                        | 5         |          | 5         |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| <b>J0775</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG</b>                                                                                                                       | <b>1</b>  |          | <b>1</b>  |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| <b>J0881</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)</b>                                                                                                                         | <b>1</b>  |          | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 1         |          | 1         |
| <b>J0897</b>                                                                                                                                                                           | <b>9</b>  |          | <b>9</b>  |
| <b>INJECTION, DENOSUMAB, 1 MG</b>                                                                                                                                                      | <b>9</b>  |          | <b>9</b>  |
| FAMILY PRACTICE                                                                                                                                                                        | 1         |          | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 2         |          | 2         |
| IM RHEUMATOLOGY                                                                                                                                                                        | 2         |          | 2         |
| INTERNAL MEDICINE                                                                                                                                                                      | 1         |          | 1         |
| NULL                                                                                                                                                                                   | 3         |          | 3         |
| <b>J1071</b>                                                                                                                                                                           |           | <b>1</b> | <b>1</b>  |
| <b>INJECTION, TESTOSTERONE CYPIONATE, 1MG</b>                                                                                                                                          |           | <b>1</b> | <b>1</b>  |
| FAMILY PRACTICE                                                                                                                                                                        |           | 1        | 1         |
| <b>J1439</b>                                                                                                                                                                           |           | <b>1</b> | <b>1</b>  |
| <b>INJECTION, FERRIC CARBOXYMALTOSE, 1MG</b>                                                                                                                                           |           | <b>1</b> | <b>1</b>  |
| NULL                                                                                                                                                                                   |           | 1        | 1         |
| <b>J1559</b>                                                                                                                                                                           | <b>1</b>  |          | <b>1</b>  |
| <b>INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG</b>                                                                                                                                   | <b>1</b>  |          | <b>1</b>  |
| NULL                                                                                                                                                                                   | 1         |          | 1         |
| <b>J1602</b>                                                                                                                                                                           | <b>9</b>  |          | <b>9</b>  |
| <b>INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE</b>                                                                                                                                 | <b>9</b>  |          | <b>9</b>  |
| FAMILY PRACTICE                                                                                                                                                                        | 1         |          | 1         |
| IM RHEUMATOLOGY                                                                                                                                                                        | 4         |          | 4         |
| INTERNAL MEDICINE                                                                                                                                                                      | 3         |          | 3         |
| NULL                                                                                                                                                                                   | 1         |          | 1         |

|                                                                          |           |           |           |
|--------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>J1745</b>                                                             | <b>19</b> | <b>19</b> |           |
| <b>INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG</b>                 | <b>19</b> | <b>19</b> |           |
| FAMILY PRACTICE                                                          | 3         | 3         |           |
| IM GASTROENTEROLOGY                                                      | 1         | 1         |           |
| IM RHEUMATOLOGY                                                          | 4         | 4         |           |
| NULL                                                                     | 7         | 7         |           |
| PEDIATRIC GASTROENTEROLOGY                                               | 3         | 3         |           |
| PEDIATRIC RHEUMATOLOGY                                                   | 1         | 1         |           |
| <b>J1930</b>                                                             | <b>1</b>  | <b>1</b>  |           |
| <b>INJECTION, LANREOTIDE, 1 MG</b>                                       | <b>1</b>  | <b>1</b>  |           |
| NULL                                                                     | 1         | 1         |           |
| <b>J1950</b>                                                             | <b>2</b>  | <b>2</b>  |           |
| <b>INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG</b> | <b>2</b>  | <b>2</b>  |           |
| OBSTETRICS AND GYNECOLOGY                                                | 2         | 2         |           |
| <b>J2182</b>                                                             | <b>1</b>  | <b>1</b>  |           |
| <b>INJECTION, MEPOLIZUMAB, 1 MG</b>                                      | <b>1</b>  | <b>1</b>  |           |
| ALLERGY & IMMUNOLOGY                                                     | 1         | 1         |           |
| <b>J2350</b>                                                             | <b>6</b>  | <b>6</b>  |           |
| <b>INJECTION, OCRELIZUMAB, 1 MG</b>                                      | <b>6</b>  | <b>6</b>  |           |
| NEUROLOGY                                                                | 4         | 4         |           |
| NULL                                                                     | 2         | 2         |           |
| <b>J2356</b>                                                             | <b>1</b>  | <b>1</b>  |           |
| <b>INJECTION, TEZEPelumab-EKKO, 1 MG</b>                                 | <b>1</b>  | <b>1</b>  |           |
| NULL                                                                     | 1         | 1         |           |
| <b>J2357</b>                                                             | <b>5</b>  | <b>5</b>  |           |
| <b>INJECTION, OMALIZUMAB, 5 MG</b>                                       | <b>5</b>  | <b>5</b>  |           |
| ALLERGY & IMMUNOLOGY                                                     | 3         | 3         |           |
| IM ALLERGY & IMMUNOLOGY                                                  | 1         | 1         |           |
| NURSE PRACTITIONER                                                       | 1         | 1         |           |
| <b>J2506</b>                                                             | <b>6</b>  | <b>4</b>  | <b>10</b> |
| <b>INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG</b>             | <b>6</b>  | <b>4</b>  | <b>10</b> |
| IM HEMATOLOGY ONCOLOGY                                                   | 2         |           | 2         |
| IM MEDICAL ONCOLOGY                                                      | 3         | 3         | 6         |
| NULL                                                                     |           | 1         | 1         |
| OBGYN GYNECOLOGIC ONCOLOGY                                               | 1         |           | 1         |
| <b>J2778</b>                                                             | <b>2</b>  |           | <b>2</b>  |
| <b>INJECTION, RANIBIZUMAB, 0.1 MG</b>                                    | <b>2</b>  |           | <b>2</b>  |
| OPHTHALMOLOGY                                                            | 2         |           | 2         |
| <b>J3032</b>                                                             | <b>2</b>  |           | <b>2</b>  |
| <b>INJECTION, EPTINEZUMAB-JJMR, 1 MG</b>                                 | <b>2</b>  |           | <b>2</b>  |
| NEUROLOGY                                                                | 1         |           | 1         |
| NULL                                                                     | 1         |           | 1         |
| <b>J3111</b>                                                             | <b>1</b>  | <b>1</b>  | <b>2</b>  |
| <b>INJECTION, ROMOSUZUMAB-AQQG, 1 MG</b>                                 | <b>1</b>  | <b>1</b>  | <b>2</b>  |
| IM RHEUMATOLOGY                                                          | 1         | 1         | 2         |
| <b>J3262</b>                                                             | <b>3</b>  |           | <b>3</b>  |

|                                                                                       |          |          |           |
|---------------------------------------------------------------------------------------|----------|----------|-----------|
| <b>INJECTION, TOCILIZUMAB, 1 MG</b>                                                   | <b>3</b> |          | <b>3</b>  |
| IM RHEUMATOLOGY                                                                       | 3        |          | 3         |
| <b>J3357</b>                                                                          | <b>1</b> |          | <b>1</b>  |
| <b>USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG</b>                                  | <b>1</b> |          | <b>1</b>  |
| NULL                                                                                  | 1        |          | 1         |
| <b>J3358</b>                                                                          | <b>5</b> |          | <b>5</b>  |
| <b>USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG</b>                                   | <b>5</b> |          | <b>5</b>  |
| IM GATROENTEROLOGY                                                                    | 2        |          | 2         |
| NULL                                                                                  | 3        |          | 3         |
| <b>J3380</b>                                                                          | <b>8</b> |          | <b>8</b>  |
| <b>INJECTION, VEDOLIZUMAB, 1 MG</b>                                                   | <b>8</b> |          | <b>8</b>  |
| IM GATROENTEROLOGY                                                                    | 1        |          | 1         |
| IM RHEUMATOLOGY                                                                       | 1        |          | 1         |
| NULL                                                                                  | 6        |          | 6         |
| <b>J3489</b>                                                                          | <b>1</b> |          | <b>1</b>  |
| <b>INJECTION, ZOLEDRONIC ACID, 1 MG</b>                                               | <b>1</b> |          | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                                                   | 1        |          | 1         |
| <b>J3490</b>                                                                          | <b>1</b> |          | <b>1</b>  |
| <b>UNCLASSIFIED DRUGS</b>                                                             | <b>1</b> |          | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                                                   | 1        |          | 1         |
| <b>J3590</b>                                                                          | <b>3</b> |          | <b>3</b>  |
| <b>UNCLASSIFIED BIOLOGICS</b>                                                         | <b>3</b> |          | <b>3</b>  |
| IM HEMATOLOGY ONCOLOGY                                                                | 1        |          | 1         |
| NULL                                                                                  | 2        |          | 2         |
| <b>J7318</b>                                                                          | <b>2</b> | <b>2</b> | <b>4</b>  |
| <b>HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, 1 MG</b> | <b>2</b> | <b>2</b> | <b>4</b>  |
| IM SPORTS MEDICINE                                                                    |          | 1        | 1         |
| ORTHOPEDIC SURGERY                                                                    | 1        | 1        | 2         |
| SPECIALIST                                                                            | 1        |          | 1         |
| <b>J7324</b>                                                                          | <b>5</b> | <b>7</b> | <b>12</b> |
| <b>HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE</b>   | <b>5</b> | <b>7</b> | <b>12</b> |
| IM RHEUMATOLOGY                                                                       | 1        |          | 1         |
| IM SPORTS MEDICINE                                                                    | 1        | 1        | 2         |
| ORTHOAEDIC SURGERY SPORTS MED                                                         | 1        | 2        | 3         |
| ORTHOPEDIC SURGERY                                                                    | 1        | 3        | 4         |
| PHYSICIAN ASSISTANT                                                                   | 1        | 1        | 2         |
| <b>J7327</b>                                                                          | <b>3</b> | <b>1</b> | <b>4</b>  |
| <b>HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE</b>    | <b>3</b> | <b>1</b> | <b>4</b>  |
| NULL                                                                                  |          | 1        | 1         |
| ORTHOPEDIC SURGERY                                                                    | 3        |          | 3         |
| <b>J7328</b>                                                                          | <b>4</b> | <b>5</b> | <b>9</b>  |
| <b>HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG</b>       | <b>4</b> | <b>5</b> | <b>9</b>  |
| FAMILY PRACTICE SPORTS MED                                                            |          | 1        | 1         |
| NULL                                                                                  | 1        | 1        | 2         |

|                                                             |           |   |           |
|-------------------------------------------------------------|-----------|---|-----------|
| ORTHOPEDIC SURGERY                                          | 3         | 3 | 6         |
| <b>J9022</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, ATEZOLIZUMAB, 10 MG</b>                       | <b>1</b>  |   | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                         | 1         |   | 1         |
| <b>J9035</b>                                                | <b>28</b> |   | <b>28</b> |
| <b>INJECTION, BEVACIZUMAB, 10 MG</b>                        | <b>28</b> |   | <b>28</b> |
| NULL                                                        | 2         |   | 2         |
| OPHTHALMOLOGY                                               | 26        |   | 26        |
| <b>J9039</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, BLINATUMOMAB, 1 MICROGRAM</b>                 | <b>1</b>  |   | <b>1</b>  |
| NULL                                                        | 1         |   | 1         |
| <b>J9041</b>                                                | <b>3</b>  |   | <b>3</b>  |
| <b>INJECTION, BORTEZOMIB, 0.1 MG</b>                        | <b>3</b>  |   | <b>3</b>  |
| IM HEMATOLOGY ONCOLOGY                                      | 1         |   | 1         |
| INTERNAL MEDICINE                                           | 1         |   | 1         |
| NULL                                                        | 1         |   | 1         |
| <b>J9047</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, CARFILZOMIB, 1 MG</b>                         | <b>1</b>  |   | <b>1</b>  |
| NULL                                                        | 1         |   | 1         |
| <b>J9055</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, CETUXIMAB, 10 MG</b>                          | <b>1</b>  |   | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                         | 1         |   | 1         |
| <b>J9063</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG</b>      | <b>1</b>  |   | <b>1</b>  |
| OBGYN GYNECOLOGIC ONCOLOGY                                  | 1         |   | 1         |
| <b>J9070</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>CYCLOPHOSPHAMIDE, 100 MG</b>                             | <b>1</b>  |   | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                         | 1         |   | 1         |
| <b>J9144</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ</b> | <b>1</b>  |   | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                         | 1         |   | 1         |
| <b>J9179</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, ERIBULIN MESYLATE, 0.1 MG</b>                 | <b>1</b>  |   | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                         | 1         |   | 1         |
| <b>J9260</b>                                                | <b>3</b>  |   | <b>3</b>  |
| <b>METHOTREXATE SODIUM, 50 MG</b>                           | <b>3</b>  |   | <b>3</b>  |
| PEDIATRIC HEMATOLOGY ONCOLOGY                               | 3         |   | 3         |
| <b>J9271</b>                                                | <b>9</b>  |   | <b>9</b>  |
| <b>INJECTION, PEMBROLIZUMAB, 1 MG</b>                       | <b>9</b>  |   | <b>9</b>  |
| IM MEDICAL ONCOLOGY                                         | 5         |   | 5         |
| NULL                                                        | 3         |   | 3         |
| OBSTETRICS AND GYNECOLOGY                                   | 1         |   | 1         |
| <b>J9299</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, NIVOLUMAB, 1 MG</b>                           | <b>1</b>  |   | <b>1</b>  |
| IM MEDICAL ONCOLOGY                                         | 1         |   | 1         |
| <b>J9303</b>                                                | <b>1</b>  |   | <b>1</b>  |
| <b>INJECTION, PANITUMUMAB, 10 MG</b>                        | <b>1</b>  |   | <b>1</b>  |

|                                                                                                                                                                                        |          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| IM HEMATOLOGY ONCOLOGY                                                                                                                                                                 | 1        | 1          |
| <b>J9306</b>                                                                                                                                                                           | <b>3</b> | <b>3</b>   |
| <b>INJECTION, PERTUZUMAB, 1 MG</b>                                                                                                                                                     | <b>3</b> | <b>3</b>   |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 2        | 2          |
| NULL                                                                                                                                                                                   | 1        | 1          |
| <b>J9312</b>                                                                                                                                                                           | <b>3</b> | <b>3</b>   |
| <b>INJECTION RITUXIMAB 10 MG</b>                                                                                                                                                       | <b>3</b> | <b>3</b>   |
| IM RHEUMATOLOGY                                                                                                                                                                        | 1        | 1          |
| NULL                                                                                                                                                                                   | 1        | 1          |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1        | 1          |
| <b>J9316</b>                                                                                                                                                                           | <b>3</b> | <b>3</b>   |
| <b>INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG</b>                                                                                                           | <b>3</b> | <b>3</b>   |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 2        | 2          |
| NULL                                                                                                                                                                                   | 1        | 1          |
| <b>J9317</b>                                                                                                                                                                           | <b>1</b> | <b>1</b>   |
| <b>INJECTION, SACITUZUMAB, GOVITECAN-HZIY, 2.5 MG</b>                                                                                                                                  | <b>1</b> | <b>1</b>   |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    | 1        | 1          |
| <b>J9356</b>                                                                                                                                                                           |          | <b>1 1</b> |
| <b>INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK</b>                                                                                                                            |          | <b>1 1</b> |
| IM MEDICAL ONCOLOGY                                                                                                                                                                    |          | <b>1 1</b> |
| <b>K0005</b>                                                                                                                                                                           | <b>1</b> | <b>1</b>   |
| <b>ULTRALIGHTWEIGHT WHEELCHAIR</b>                                                                                                                                                     | <b>1</b> | <b>1</b>   |
| PEDIATRICS NEURODEVELOPMENTAL                                                                                                                                                          | 1        | 1          |
| <b>K0108</b>                                                                                                                                                                           | <b>1</b> | <b>1 2</b> |
| <b>WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED</b>                                                                                                                      | <b>1</b> | <b>1 2</b> |
| NULL                                                                                                                                                                                   |          | <b>1 1</b> |
| PHYSICIAN ASSISTANT                                                                                                                                                                    | 1        | 1          |
| <b>K0606</b>                                                                                                                                                                           | <b>1</b> | <b>1 2</b> |
| <b>AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE</b>                                                                                      | <b>1</b> | <b>1 2</b> |
| CLINICAL NURSE SPECIALIST                                                                                                                                                              |          | <b>1 1</b> |
| NULL                                                                                                                                                                                   | 1        | 1          |
| <b>K0606RR</b>                                                                                                                                                                         | <b>1</b> | <b>1</b>   |
| <b>AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE</b>                                                                                      | <b>1</b> | <b>1</b>   |
| FAMILY PRACTICE                                                                                                                                                                        | 1        | 1          |
| <b>K0861NU</b>                                                                                                                                                                         | <b>1</b> | <b>1</b>   |
| <b>POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS</b>                                        | <b>1</b> | <b>1</b>   |
| NEUROLOGY                                                                                                                                                                              | 1        | 1          |
| <b>L0464</b>                                                                                                                                                                           | <b>1</b> | <b>1</b>   |
| <b>TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SP</b> | <b>1</b> | <b>1</b>   |
| EMERGENCY MEDICINE                                                                                                                                                                     | 1        | 1          |



|                                                                                                                                                                                 |  |           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------|
| <b>L0650</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |
| LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STR |  | 1         | 1         |
| PMRE PAIN MEDICINE                                                                                                                                                              |  | 1         | 1         |
| <b>L1851</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |
| KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHO |  | 1         | 1         |
| NULL                                                                                                                                                                            |  | 1         | 1         |
| <b>L2275</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |
| ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED                                                                                        |  | 1         | 1         |
| NULL                                                                                                                                                                            |  | 1         | 1         |
| <b>L5637</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |
| ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT                                                                                                                          |  | 1         | 1         |
| NULL                                                                                                                                                                            |  | 1         | 1         |
| <b>L8619</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |
| COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT                                                                                      |  | 1         | 1         |
| NULL                                                                                                                                                                            |  | 1         | 1         |
| <b>L8680</b>                                                                                                                                                                    |  | <b>12</b> | <b>13</b> |
| IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH                                                                                                                                     |  | 12        | 13        |
| ANESTHESIA PAIN MED                                                                                                                                                             |  | 2         | 2         |
| NEUROLOGICAL SURGERY                                                                                                                                                            |  | 1         | 1         |
| OTOLARYNGOLOGY                                                                                                                                                                  |  | 1         | 1         |
| OTOLARYNGOLOGY FACIAL                                                                                                                                                           |  | 1         | 1         |
| PAIN MANAGEMENT                                                                                                                                                                 |  | 2         | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    |  | 5         | 6         |
| <b>L8687</b>                                                                                                                                                                    |  | <b>2</b>  | <b>3</b>  |
| IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION                                                                                       |  | 2         | 3         |
| ANESTHESIA PAIN MED                                                                                                                                                             |  | 2         | 2         |
| PAIN MEDICINE INTERVENTIONAL                                                                                                                                                    |  |           | 1         |
| <b>L8688</b>                                                                                                                                                                    |  | <b>2</b>  | <b>2</b>  |
| IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION                                                                                   |  | 2         | 2         |
| ANESTHESIA PAIN MED                                                                                                                                                             |  | 1         | 1         |
| OTOLARYNGOLOGY                                                                                                                                                                  |  | 1         | 1         |
| <b>L8689</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |
| EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY                                                                    |  | 1         | 1         |
| NULL                                                                                                                                                                            |  | 1         | 1         |
| <b>Q0508</b>                                                                                                                                                                    |  | <b>1</b>  | <b>2</b>  |
| MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE                                                                                           |  | 1         | 2         |
| NULL                                                                                                                                                                            |  | 1         | 2         |
| <b>Q2050</b>                                                                                                                                                                    |  | <b>1</b>  | <b>1</b>  |

|                                                                                |          |          |          |
|--------------------------------------------------------------------------------|----------|----------|----------|
| INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG |          | 1        | 1        |
| IM HEMATOLOGY ONCOLOGY                                                         |          | 1        | 1        |
| <b>Q4081</b>                                                                   | <b>4</b> |          | <b>4</b> |
| INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)                      | 4        |          | 4        |
| NULL                                                                           | 4        |          | 4        |
| <b>Q4186</b>                                                                   | <b>1</b> |          | <b>1</b> |
| EPIFIX PER SQUARE CENTIMETER                                                   | 1        |          | 1        |
| FAMILY PRACTICE                                                                | 1        |          | 1        |
| <b>Q5001</b>                                                                   | <b>6</b> | <b>1</b> | <b>7</b> |
| HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE               | 6        | 1        | 7        |
| FAMILY PRACTICE                                                                | 1        |          | 1        |
| INTERNAL MEDICINE                                                              | 3        | 1        | 4        |
| NULL                                                                           | 2        |          | 2        |
| <b>Q5006</b>                                                                   | <b>2</b> |          | <b>2</b> |
| HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY                            | 2        |          | 2        |
| NULL                                                                           | 1        |          | 1        |
| NURSE PRACTITIONER                                                             | 1        |          | 1        |
| <b>Q5101</b>                                                                   | <b>2</b> |          | <b>2</b> |
| INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM                         | 2        |          | 2        |
| IM MEDICAL ONCOLOGY                                                            | 2        |          | 2        |
| <b>Q5103</b>                                                                   | <b>1</b> |          | <b>1</b> |
| INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG                     | 1        |          | 1        |
| NULL                                                                           | 1        |          | 1        |
| <b>Q5104</b>                                                                   | <b>5</b> |          | <b>5</b> |
| INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG                     | 5        |          | 5        |
| NULL                                                                           | 5        |          | 5        |
| <b>Q5108</b>                                                                   | <b>7</b> |          | <b>7</b> |
| INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR (FULPHILA) 0.5 MG                      | 7        |          | 7        |
| IM MEDICAL ONCOLOGY                                                            | 5        |          | 5        |
| NULL                                                                           | 1        |          | 1        |
| PEDIATRIC                                                                      | 1        |          | 1        |
| <b>Q5115</b>                                                                   | <b>5</b> |          | <b>5</b> |
| INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG                        | 5        |          | 5        |
| IM RHEUMATOLOGY                                                                | 2        |          | 2        |
| NULL                                                                           | 3        |          | 3        |
| <b>Q5118</b>                                                                   | <b>6</b> |          | <b>6</b> |
| INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG                      | 6        |          | 6        |
| IM HEMATOLOGY ONCOLOGY                                                         | 1        |          | 1        |
| IM MEDICAL ONCOLOGY                                                            | 4        |          | 4        |
| INTERNAL MEDICINE                                                              | 1        |          | 1        |
| <b>Q5119</b>                                                                   | <b>3</b> |          | <b>3</b> |
| INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG                       | 3        |          | 3        |
| IM HEMATOLOGY ONCOLOGY                                                         | 1        |          | 1        |
| IM MEDICAL ONCOLOGY                                                            | 2        |          | 2        |
| <b>Q5122</b>                                                                   | <b>1</b> |          | <b>1</b> |

|                                                                                                                                                                                 |           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG                                                                                                                   | 1         | 1         |
| IM MEDICAL ONCOLOGY                                                                                                                                                             | 1         | 1         |
| <b>S0201</b>                                                                                                                                                                    | <b>1</b>  | <b>1</b>  |
| PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM                                                                                                                  | 1         | 1         |
| PSYCHIATRY                                                                                                                                                                      | 1         | 1         |
| <b>S1040</b>                                                                                                                                                                    | <b>11</b> | <b>11</b> |
| CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)                                               | 11        | 11        |
| FAMILY PRACTICE                                                                                                                                                                 | 1         | 1         |
| NURSE PRACTITIONER                                                                                                                                                              | 1         | 1         |
| PEDIATRIC                                                                                                                                                                       | 9         | 9         |
| <b>S2068</b>                                                                                                                                                                    | <b>1</b>  | <b>1</b>  |
| BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCUL | 1         | 1         |
| NULL                                                                                                                                                                            | 1         | 1         |
| <b>S8032</b>                                                                                                                                                                    | <b>1</b>  | <b>1</b>  |
| LOW DOSE CT LUNG SCREENING                                                                                                                                                      | 1         | 1         |
| NULL                                                                                                                                                                            | 1         | 1         |
| <b>S8037</b>                                                                                                                                                                    | <b>1</b>  | <b>1</b>  |
| MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)                                                                                                                              | 1         | 1         |
| NURSE PRACTITIONER                                                                                                                                                              | 1         | 1         |
| <b>S9123</b>                                                                                                                                                                    | <b>2</b>  | <b>2</b>  |
| NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)                             | 2         | 2         |
| NULL                                                                                                                                                                            | 2         | 2         |
| <b>S9124</b>                                                                                                                                                                    | <b>1</b>  | <b>1</b>  |
| NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR                                                                                                                | 1         | 1         |
| NULL                                                                                                                                                                            | 1         | 1         |
| <b>S9126</b>                                                                                                                                                                    | <b>4</b>  | <b>4</b>  |
| HOSPICE CARE, IN THE HOME, PER DIEM                                                                                                                                             | 4         | 4         |
| NULL                                                                                                                                                                            | 4         | 4         |
| <b>S9131</b>                                                                                                                                                                    | <b>2</b>  | <b>2</b>  |
| PHYSICAL THERAPY; IN THE HOME, PER DIEM                                                                                                                                         | 2         | 2         |
| FAMILY PRACTICE                                                                                                                                                                 | 1         | 1         |
| NULL                                                                                                                                                                            | 1         | 1         |
| <b>S9343</b>                                                                                                                                                                    | <b>3</b>  | <b>3</b>  |
| HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMUL | 3         | 3         |
| NURSE PRACTITIONER                                                                                                                                                              | 1         | 1         |
| OTOLARYNGOLOGY                                                                                                                                                                  | 1         | 1         |
| PHYSICAL MEDICINE & REHAB                                                                                                                                                       | 1         | 1         |

|                                                                                                                                                                                  |  |  |             |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------|-------------|
| <b>S9359</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G. INFlixIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL N  |  |  | 1           | 1           |
| NEUROLOGY                                                                                                                                                                        |  |  | 1           | 1           |
| <b>S9376</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION |  |  | 1           | 1           |
| OBSTETRICS AND GYNECOLOGY                                                                                                                                                        |  |  | 1           | 1           |
| <b>S9379</b>                                                                                                                                                                     |  |  | <b>3</b>    | <b>3</b>    |
| HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND E  |  |  | 3           | 3           |
| IM GASTROENTEROLOGY                                                                                                                                                              |  |  | 1           | 1           |
| NEUROLOGY                                                                                                                                                                        |  |  | 2           | 2           |
| <b>S9435</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM                                                                                                                                    |  |  | 1           | 1           |
| GENETICS                                                                                                                                                                         |  |  | 1           | 1           |
| <b>S9480</b>                                                                                                                                                                     |  |  | <b>22</b>   | <b>4</b>    |
| INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM                                                                                                                              |  |  | 22          | 4           |
| NULL                                                                                                                                                                             |  |  | 16          | 2           |
| PSYCH&NEURO CHILD & ADOLOSCENT                                                                                                                                                   |  |  | 1           | 1           |
| PSYCHIATRY                                                                                                                                                                       |  |  | 5           | 1           |
| <b>V2623</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| PROSTHETIC EYE, PLASTIC, CUSTOM                                                                                                                                                  |  |  | 1           | 1           |
| NULL                                                                                                                                                                             |  |  | 1           | 1           |
| <b>V5020</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| CONFORMITY EVALUATION                                                                                                                                                            |  |  | 1           | 1           |
| HEARING INSTRUMENT SPECIALIST                                                                                                                                                    |  |  | 1           | 1           |
| <b>V5160</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| DISPENSING FEE, BINAURAL                                                                                                                                                         |  |  | 1           | 1           |
| AUDIOLOGY                                                                                                                                                                        |  |  | 1           | 1           |
| <b>V5257</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| HEARING AID, DIGITAL, MONAURAL, BTE                                                                                                                                              |  |  | 1           | 1           |
| AUDIOLOGY                                                                                                                                                                        |  |  | 1           | 1           |
| <b>V5261</b>                                                                                                                                                                     |  |  | <b>1</b>    | <b>1</b>    |
| HEARING AID, DIGITAL, BINAURAL, BTE                                                                                                                                              |  |  | 1           | 1           |
| HEARING INSTRUMENT SPECIALIST                                                                                                                                                    |  |  | 1           | 1           |
| <b>Grand Total</b>                                                                                                                                                               |  |  | <b>7389</b> | <b>300</b>  |
|                                                                                                                                                                                  |  |  | <b>250</b>  | <b>7939</b> |